



**Armanino Foundation
One-Time Donation Form**

First Name: _____ Last Name: _____

Mailing Address: _____

Email Address: _____

I would like to make a one-time donation to the Armanino Foundation in the amount of \$_____.

I understand that my donation will be matched by the Armanino Foundation at a ratio of two dollars for every dollar donated up to a maximum of \$5,000 per fiscal year. Please designate my gift for:

\$_____ Education

\$_____ Health & Social Services

\$_____ Animal Welfare

\$_____ Arts

\$_____ Unassigned - Wherever the Armanino Foundation determines there is the greatest need.

All donations to the Armanino Foundation (EIN number is 81-2649898) are tax deductible.

Please send your check and this form to:

Mary E. Tressel
Chair, Armanino Foundation
Armanino LLP
12657 Alcosta Blvd., Suite 500
San Ramon, CA 94583

If you would like more information about the Armanino Foundation, contact Mary E. Tressel, Armanino Foundation Chair, at mary.tressel@armaninollp.com.