



TEP Donation Form

Donor Company/Person: _____

Donor Company Contact Name: _____

Address: _____

Phone & Email: _____

Website: _____

Donated Item Description (including Quantity): _____

Please send donations along with this form to:

Attn: TEP Donations
Topanga Enrichment Programs (TEP)
P.O. Box 801
Topanga, CA 90290

Donation Solicited by (Parent name): _____

Child Name/Classroom # (if applicable): _____

Thank you for your support! Federal Tax ID# 95-1757256