

# Ohlone Donation Form

Ohlone Herbal Center is a 501(c)(3) organization, all donations are tax deductible. Tax ID #14-1975183

\_\_\_\_ **I would like to donate to Ohlone Herbal Center- GENERAL FUND: Please circle amount of donation. \$50 \$100 \$500 \$1000 \$5000 Other \$\_\_\_\_\_**

*The Ohlone Herbal Center is seeking sponsorship in funding special projects and programs. Below is a listing of our needs:*

\_\_\_\_ **New Ohlone Herbal Center Sign** Our old sign is outdated and has the wrong address and logo on it. The estimated price of a new sign: \$1,200

\_\_\_\_ **New Website** We have had some wonderful volunteers over the years that have generously designed and managed our website. We have grown beyond what a volunteer can manage. The website is our biggest advertising tool it is needs to be professional and up to date. The cost creating a new site: \$2,500.

\_\_\_\_ **Carpet for our offices** Estimated cost: \$1,000

\_\_\_\_ **Clinic Establishment** The Ohlone Herbal Center is committed to creating herbal clinics around the Bay Area. This year we were able to establish an herbal clinic at Street Level Clinic in Oakland. We would like to establish a similar program in Richmond this next year. Cost to seed herb rooms: \$5,000-\$8,000

\_\_\_\_ **Cabinets for the lab and kitchen** Estimated cost: \$5,000.

\_\_\_\_ **International Education Sponsorship** The Ohlone Center wishes to branch out to the international community to create educational opportunities for students to learn from indigenous healers in their native environment. Resources are needed to send staff to these areas to establish contacts. The first trip is scheduled in 2010 to the Peru. Estimated cost: \$2,500

\_\_\_\_ **Student Scholarships.** We are approached several times a year with student needing scholarships, work trade, or financial help in paying for their program. We are looking for some generous individuals who would be willing to sponsor a student for part of their tuition. \$200 to 2000 per student.

**Name:** \_\_\_\_\_ **Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Thank you for your kindness.**

Mail this form to: The Ohlone Herbal Center, 1250 Addison St., Suite 113, Berkeley, CA 94702