



RAICES DEL SABER XINACHTLI  
COMMUNITY SCHOOL

## Donation Form

**I would like to support Raices Del Saber Xinachtli Community School**

**My Donation is:**

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**I am paying:**    **Check**    **Cash**    **Card**    **Supplies**    **Items**

**Card Number:**

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**Expiration Date:**

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**Signature:**

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**Name as it is on the Card:**

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**Address:**

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**Phone Number:**

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- Please keep my donation private**
- Please send me a tax exemption receipt**

**Raíces Del Saber Xinachtli Community School**

**Dr. Hector Giron, Head Administrator**

[hgironadmin@raicesdelsaber.org](mailto:hgironadmin@raicesdelsaber.org)

**Lucia Carmona (Director of Operations and Community Engagement)**

[licarmona@raicesdelsaber.org](mailto:licarmona@raicesdelsaber.org)