



YOUR GIFT WORKS FOREVER

Name _____ School Site _____

Home Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Signature _____ Date ____/____/____

(Required for payroll deduction)

(See reverse Side)

Please Indicate donation method:

Payroll Deduction \$ _____

Personal Check \$ _____

Please send completed card to payroll department.