

# DONOR FORM

Please complete the information below:

Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Enclosed is my gift of \$ \_\_\_\_\_ Payable to: HCUSD #3–Education Foundation, Inc.**

Please specify where your gift should be directed:

☐ **Teacher Wish List** (\$ \_\_\_\_\_)

Please list the teacher, school, and item(s) you wish to donate:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Please select needed wish list items for me.

☐ **Scholarship Fund** (\$ \_\_\_\_\_)

☐ **Perpetual Fund** (\$ \_\_\_\_\_)

Please complete, if applicable:

The above donation is a MEMORIAL in honor of \_\_\_\_\_

The above donation is a TRIBUTE to \_\_\_\_\_

Send acknowledgement to: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In the event that all items on my specified teacher's list have been purchased:

- ☐ Choose items needed for another teacher.
- ☐ Contact me for guidance.

*Gifts are TAX DEDUCTIBLE to the extent of the law.*

Mail to: **Hillsboro CUSD #3 Educational Foundation, Inc.**

**1311 Vandalia Road, Hillsboro, IL 62049**

Email: **educationfoundation@hillsboroschools.net**