

DONOR FORM

Please complete the information below:

Name: _____ Year of Graduation _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone _____ Email _____

Enclosed is my gift of \$ _____ Payable to HCUSD #3 Educational Foundation, Inc

Please Indicate:

Scholarship Fund: \$ _____ Perpetual Fund: \$ _____ Wish List: \$ _____

Other—Please indicate: _____

Please list School & Items for wish list: _____

The above donation is a Memorial in honor of _____

The above donation is a tribute to _____

Send acknowledgement to: _____

Address _____

City _____ State _____ Zip _____

Gifts are tax deductible to the extent of the law.

Please contact me at () _____. I am interested in establishing a Scholarship Planned gift

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

1311 Vandalia Road, Hillsboro, IL 62049

Foundation email address: edfoundation@hillsboroschools.net
