# Destination: Innovation

Equipping Teachers to Transform Learning

FOREST HILLS
PUBLIC SCHOOLS FOUNDATION

## Donor Information

Name of Individual(s) or Business

Contact Name (businesses only)

Address

City State Zip

E-mail Phone

## Gift Amount & Method (You may also give online at www.fhpsf.org)

Option A: One-time-time gift of $_____

☐ Cash, or check payable to Forest Hills Public Schools Foundation: ❍ enclosed ❍ to be billed

☐ Credit card: ❍ Visa ❍ MasterCard

Card Number: _____ Exp. ____/_____ Sec. Code:_____

Billing Address (if different than above):

_____

_____

Option B: Pledge of $_____ to be given over the next: ❍ 1 year ❍ 2 years ❍ 3 years

☐ Mail a bill beginning _____/_____: ❍ monthly ❍ quarterly ❍ annually

My/Our giving may be matched by (organization name): _____.

## Gift Recognition

Please use the following listing for recognition in all donor mentions. (Ex: Mr. & Mrs. John Smith)

_____

☐ I/We wish to give anonymously.

## Authorized Signature _____