



YES!



Yes, I/we support the work of the EAU CLAIRE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. to enhance educational excellence in our community.

Name or Business _____ Contact _____

Address _____

Phone (check) work home _____ phone _____

Email _____

Please list my name in your annual report as: _____

- I/We allow my/our name to be recognized in the Foundation Reports.
 - I/We prefer to remain anonymous.
-

Enclosed is my/our tax-deductible contribution of \$ _____

- This gift is made in honor of/in memory of: _____
- This gift is made on the occasion of: _____
- Other description: _____

Please direct this gift to _____

**Undesignated gifts/memorials/honorariums will support the Eau Claire Public Schools Education Foundation. **

Donor Signature _____ Date _____

Please make checks payable to the Eau Claire Public Schools Education Foundation, Inc.
PO Box 511, Eau Claire, WI 54702

If you wish to make a credit card payment instead, we encourage you to do so online at:
<http://www.ecasd.k12.wi.us/foundation/>