

Please accept my contribution to the Faribault Area Public Schools Educational Trust Association.

\$ \_\_\_\_\_ (Check enclosed, Check number \_\_\_\_\_ )

Designate for:  Scholarships  Programs  Use as Needed

Appreciated asset gift of \_\_\_\_\_

Please sign me up in the payroll deduction plan. (*Please notify your employer.*)

Place of Work \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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