



## Stevens Point Area Public School District Education Enrichment Fund

Yes, I would like to contribute to the Stevens Point Area Public School District Education Enrichment Fund.

Please make an automatic payroll deduction of \$\_\_\_\_/check for an annual amount of \$\_\_\_\_\_ directed to the Stevens Point Area Public School District Education Enrichment Fund.

Enclosed is my gift of \$\_\_\_\_\_, payable to the Stevens Point Area Public School District Education Enrichment Fund.

\*Pledging is available for gifts of \$100 or more.

I would like to pledge \$\_\_\_\_\_ to be paid in full by\_\_\_\_\_ (date). Please invoice me for this pledge:  One time  Annually for \_\_\_\_\_ years

Name (printed)\_\_\_\_\_ Signature:\_\_\_\_\_

Use this section for credit card payment.

Today's date is:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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

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

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

Phone Number:\_\_\_\_\_

E-mail (optional):\_\_\_\_\_

This gift is being given in memory of\_\_\_\_\_. Please send an acknowledgement to\_\_\_\_\_.

Please charge my credit card \$\_\_\_\_\_.

- MasterCard  Visa  
 American Express  Discover

Account #:\_\_\_\_\_

Name on card:\_\_\_\_\_

Signature:\_\_\_\_\_



**Thank you for your support.**