

DONATION FORM

Contact Information

Full Name _____ Email _____

Address _____

City _____ State _____ Zip _____

Contribution

Amount ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ Other amount \$ _____

Payable by ☐ Cash ☐ Check (Payable to Kalamazoo RESA Foundation) ☐ Kalamazoo RESA employee payroll deduction

Employee Payroll Deduction

Submit to the Kalamazoo RESA Business Office. The Foundation payroll deduction starts with the first pay in July.

☐ 21 pay periods x \$ _____ per pay = \$ _____ (Option applies only to 10-month employees who choose to have their pay distributed over 21 pay periods)

☐ 26 pay periods x \$ _____ per pay = \$ _____

☐ Single Deduction \$ _____

Signature _____

I want my gift to be used as follows ☐ Unrestricted

☐ Other restricted program _____

Gift Dedication (Optional)

My unrestricted gift is in ☐ Honor ☐ Memory of _____

Create a Named Scholarship

Individuals, businesses and organizations can establish a named scholarship to honor or memorialize a relative, friend, associate, member or ideal. Our office will contact you to complete the transaction.

\$ _____ to Kalamazoo RESA Foundation ☐ Honoring ☐ Memorializing (Minimum opening donation of \$10,000)

Scholarship to benefit students from designated program _____

Matching Gifts

Maximize your contribution by asking your spouse or family members to contact their employer's human resources department and request information about matching gift programs. (Please attach all related documents)

Company _____

Employee _____ Phone _____

Mail/Deliver This Form To:
Kalamazoo RESA Foundation
Attn: Business Office
1819 E. Milham Avenue
Portage, MI 49002-3035

You may also choose to donate online at: www.kresa.org/donateonline
For additional information, call Kalamazoo RESA Foundation at (269) 250-9235 or email foundation@kresa.org
Thank you for your tax-deductible gift!