DONATION FORM

# Contact Information

Name: Company: Address City: State: Zip: Email: Phone:

# Donation Information

Donation Amount: $

## I would like my donation used n support of:

* Where the need is greatest
* Kids in Need (general essentials for students in need)

School Supply Drive (basic school supplies for students in need)

* Teacher Grants promoting workforce development and career readiness
* Literacy efforts
* **Other**- *Designate my gift to: (list an FCPS school or program):*

|  |  |
| --- | --- |
| **Is this gift in honor or in memory of someone?** | **Matching Gifts** |
| Honor  Memory  | Does your company have a **Matching Gift Program**? |
| Name : | Company name: |
| *Acknowledgement name if different from above:* | Phone Number: |
| *Acknowledgement Address:* | *(a Foundation staff member will contact your company’s Matching Gift coordinator to alert* |
|  | *them of your donation.)* |

# Payment

* + Check Enclosed *(Please make checks payable to the Foundation for FCPS)*
  + Please Invoice Me
  + Charge my Credit Card:

Card #: Expiration Date: / CSV:

Name on Card:

Mail to:

## Educate Fairfax

**8115 Gatehouse Road Falls Church, VA 22042**

Donations may be made online at: hppt://[www.fcpsfoundation.org/donate.html](http://www.fcpsfoundation.org/donate.html)

Questions? Call 571-423-1420 or email [info@educatefairfax.org](mailto:info@educatefairfax.org)