



Educate Fairfax
Our students. Our strength.

DONATION FORM

Contact Information

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

Donation Information

One Time Donation: \$ _____

Monthly Sustaining Donor
\$ _____ per month

I would like my donation to support:

- Use my gift where the need is greatest
- Kids in Need (*essentials and supplies for students in need*)
Literacy
- FCPS Honors & Other Employee Recognition Programs
- Other-** *Designate my gift to: (list an FCPS school or program):*

Is this gift in honor or in memory of someone?

Honor Memory

Name : _____

Acknowledgee Name if different from above:

*Acknowledgement **Email** or Address:*

Matching Gifts

Does your company have a **Matching Gift Program**?

Company name:

Phone Number: _____

(a staff member will contact your company's Matching Gift coordinator to alert them of your donation.)

Payment

- Check Enclosed (*Please make checks payable to **Educate Fairfax***)
- 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: <http://www.educatefairfax.org/donate.html>

Questions? Call 571-423-1420 or email: info@educatefairfax.org