

## Tribute Form

### Donor Information (please print or type)

Name	
Billing address	
City, State, Zip	
Telephone	
E-Mail	

### Pledge Information

I (we) pledge a total of \$

<input type="checkbox"/> <b>In honor of</b> (provide name and message)	
<input type="checkbox"/> <b>In memory of</b> (provide name and other information)	

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by \_\_\_\_\_ (company providing match).

form enclosed  form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements (name(s) that will appear on card)

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I (we) wish to have our gift remain anonymous.

Send acknowledgement to:

Name	
Address	
City, State, Zip	

Please make checks, corporate matches, or other gifts payable to: **Foundation For Haslett Schools, P.O. Box 615 Haslett, MI 48840**

Signature	
Date	

*Names and message will appear on the Foundation For Haslett Schools web site [www.haslett.k12.mi.us/Foundation.com](http://www.haslett.k12.mi.us/Foundation.com) unless otherwise requested. Donation amount will not be listed.*

*All donations are tax deductible*