



Honor an Educator Donor Card

I am enclosing a gift of: \$ _____

Contributor's Name: _____

Contributor's Address: _____

City: _____ State: _____ Zip: _____

Please make the gift:

In Honor of: _____

Send Acknowledgment of gift to: _____

School of Honoree: _____

Special Message to Honoree: _____

How you would like the note signed: _____

Make checks payable to: **CPSF**

Please check type of card: MasterCard Visa

Sec. Code: _____

Credit Card Number: _____

Exp Date: _____

Cardholder's Name: _____

Amt. Authorized: \$ _____

Contributor's Signature

Date

My employer will match this gift Please check to see if my employer will match this gift

Name of Employer: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Have you remembered Claremore Public Schools Foundation in your Estate Plan?

Mission of the Claremore Public Schools Foundation
"Enrich the quality of education in the Claremore Public Schools"
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