

IF YOU HAVE A CHILD, YOU HAVE A REASON. NOW, ALL YOU NEED IS THIS FORM.

Every day, programs made possible by IPSF directly benefit your child.

We can't do it without you. So please, don't wait. Fill in this form today and mail it

in the attached envelope. Or, if you'd rather, donate online at www.ipsf.net/donations.

You can pay in installments if you wish.

Thank you.

Name (please print) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Students' names, grades and schools _____

DONATION LEVELS

Honor Roll \$50,000 and up

Benefactor \$25,000 to \$49,999

Patron \$10,000 to \$24,999

Sponsor \$5,000 to \$9,999

Advocate \$2,500 to \$4,999

Contributor \$1,000 to \$2,499

Donor \$250 to \$999

Friend \$250 and under

Enclosed is my donation of \$ _____

PAYMENT OPTIONS

Check Enclosed, made payable to **IPSF**

Bill me in monthly/quarterly installments (circle your preference) by *mail*

Charge my full donation to my credit card.

Bill my credit card in monthly/quarterly installments (circle your preference).

Name as it appears on your card _____

Visa/Mastercard/Discover # _____

Expiration date _____ CVC security code on back of card _____

Signature _____

EMPLOYER MATCHING INFO

Employer _____

Enclosed is a matching gift form. I've applied with my company for a match.

Donation and company match will be sent by my employer.

Not sure. Please email me at _____

