

I want to help provide

Tools 4 Schools

I'd like to commit to the following level:

- Student Partner \$500 each year for 3 years
- Classroom Partner \$1,000 each year for 3 years
- School Partner \$3,000 each year for 3 years
- \$ _____ for _____ year(s).
- One-time donation of \$ _____ today.

- Individual Gift Corporate Gift Company match

Company name: _____

Title: _____

Mr. Mrs. Ms. _____

Address: _____

City: _____ ST: _____ Zip: _____

- Personal Address Business Address

Phone: _____

Table Captain Name: _____



Payment Information

- Check/Cash Invoice me please
- Mastercard VISA AMEX

Card # : _____

Name on card: _____

Expiration Date: _____ Security Code: _____

Today's Charge: \$ _____ Date: _____

- Billing address is the same.

E-mail*: _____

Billing address: _____

City: _____ ST: _____ Zip: _____

Signature: _____

- Tell me more about the Hillsborough Education Foundation.

- Please do not contact me.

**All guests will receive a complimentary issue of "The Core," the Hillsborough Education Foundation's monthly e-newsletter.*



A COPY OF THE OFFICIAL REGISTRATION #CH3514 AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. NO PORTION OF ANY CONTRIBUTION IS RETAINED BY PROFESSIONAL SOLICITORS, SO 100% OF EACH CONTRIBUTION IS RECEIVED BY THIS ORGANIZATION. **YOUR CONTRIBUTION IS TAX DEDUCTIBLE AS ALLOWED BY LAW.**