

RICHLAND BOOSTER CLUB

ANNUAL GIVING CAMPAIGN

Donation Form

Your Name(s): _____

Phone: _____ E-mail: _____

Child's Name: _____

Child's Teacher & Room #: _____

YES! My employer offers a Corporate Matching Gift Program. Please send me receipt of my donation.

Donation Amount: _____

*Requested donation is \$1,500 per family. Donations in any amount are welcome.
Monthly installment plans are available online via PayPal.*

► **Please check one:**

- Cash is enclosed
- Check payable to *Richland School Booster Club* is enclosed
- I paid online at richlandavenueschool.org
- Please bill my credit card. First & last name as they appear on the credit card:

Credit card #: _____

Security Code: _____ Expiration Date: _____

Billing address: _____

City: _____ Zip: _____