

**YES! OUR FAMILY SUPPORTS WGEF!
\$350/STUDENT = CONTINUED SUCCESS**

Mail your donation in the enclosed envelope, donate online at
www.willowgrovefoundation.org or return it to your teacher. Thank you for your support!

PAYMENT INFORMATION

Payment by check is preferred. For credit card payment,
please indicate if you'd like to cover the card processing fees.

Please accept our donation of:

- ☐ \$350 x Number of students _____ = \$ _____
☐ \$500 ☐ \$1000 ☐ Other \$ _____
☐ Yes! I'll cover the card processing fee of \$10/student

Check:

Make check payable to: Willow Grove Educational Foundation Check # _____

Credit Card:

CC# _____ Exp _____
Name on Card _____ CCV _____

- ☐ Please charge my credit card in equal monthly installments of
\$ _____ per month for _____ months, for a total contribution of \$ _____.

Does your employer match charitable contributions?

☐ Yes ☐ No Employer: _____

Parent Name _____

Student Name _____

Teacher _____ Grade Level _____ Room # _____

Email _____ Phone _____

Address _____

City _____ ZIP _____

Donations of \$350+ will be recognized. Please specify how you would like to be recognized:

(If unspecified, your last name will be displayed. Ex: "The Smith Family 2017")

Can we acknowledge your donations in our publications? ☐ Yes ☐ No

**YES! OUR FAMILY SUPPORTS WGEF!
\$350/STUDENT = CONTINUED SUCCESS**

Mail your donation in the enclosed envelope, donate online at
www.willowgrovefoundation.org or return it to your teacher. Thank you for your support!

PAYMENT INFORMATION

Payment by check is preferred. For credit card payment,
please indicate if you'd like to cover the card processing fees.

Please accept our donation of:

- ☐ \$350 x Number of students _____ = \$ _____
☐ \$500 ☐ \$1000 ☐ Other \$ _____
☐ Yes! I'll cover the card processing fee of \$10/student

Check:

Make check payable to: Willow Grove Educational Foundation Check # _____

Credit Card:

CC# _____ Exp _____
Name on Card _____ CCV _____

- ☐ Please charge my credit card in equal monthly installments of
\$ _____ per month for _____ months, for a total contribution of \$ _____.

Does your employer match charitable contributions?

☐ Yes ☐ No Employer: _____

Parent Name _____

Student Name _____

Teacher _____ Grade Level _____ Room # _____

Email _____ Phone _____

Address _____

City _____ ZIP _____

Donations of \$350+ will be recognized. Please specify how you would like to be recognized:

(If unspecified, your last name will be displayed. Ex: "The Smith Family 2017")

Can we acknowledge your donations in our publications? ☐ Yes ☐ No

★ ★ ★ ★ ★ THIS IS YOUR ★ ★ ★ ★ ★

GOLDEN TICKET

HELP FUND THE GAP



Please make your donation
by October 5 for a
chance to win a prize!

★ ★ ★ ★ ★ THIS IS YOUR ★ ★ ★ ★ ★

GOLDEN TICKET

HELP FUND THE GAP



Please make your donation
by October 5 for a
chance to win a prize!