



DONATION FORM

Donor Information:			
Name:			_
Billing Address:			_
City:		Zip Code:	_
Home Phone #:	Cell Phone #:		_
Email Address:		_	
Donation Information:			
I (We) pledge to pay a total of: \$			
I (We) plan to make this contribution in the form o	f:		
Cash			
Check			
Credit Card: Online donations may be made on the d	listrict website at <u>www</u>	.easttroy.k12.wi.us / Web Store ((under Quick Links) / Donations.
Other:			
Acknowledgement Information: Please use the following name(s) in all acknowledgement			
[I (We) wish to have our gift remain anonymous.			
All donors will receive a letter of appreciation and recog receive recognition by having their names engraved on			d or Platinum levels will also
	Bronze: Up to \$	1,000	
	Silver: \$1,001-\$ Gold: \$5,001-\$1		
	Platinum: \$10,000-		
**Donations over \$50,000 will be on Please contact Rick P		rights to an area within the innovey Kuehn to discuss this option.*	
Signature:		Date:	
For questions regarding donations, please contact Dr. C	Christopher Hibner at 2	262-642-6710 x1222 or hibner@e	easttroy.k12.wi.us.
Checks or other gifts may be made payable to: East	t Troy Community Sch	nool District	
Please complete and mail this form and payment to East Troy Community School District 2043 Division St. East Troy, WI 53120	:		

Thank you for your generosity!