

MAIL-IN DONATION FORM



Yes! I want my gift to make a difference at Durand Area Schools! Contributions will support programs, enrichment activities and projects.

\$25 \$50 \$100 \$250 \$500 \$1000 Other: _____

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone:(_____) _____ Email _____

I would like my donation to go to: School projects Endowment No preference

Donate by check: Mail check and this form to Durand Education Foundation, PO Box 124, Durand, MI 48429

Donate by credit card: Please charge my credit card with my contribution of: \$ _____

Card type: VISA MASTERCARD DISCOVER

Card # _____ Exp. Date (MMYY) _____ CVC code _____

Name on card: _____

Signature: _____

Are you dedicating this donation?

No

Yes, my donation is in honor of _____

Yes, my donation is in memory of _____

Send notification to: (amount confidential) _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MAIL COMPLETED FORM to: DURAND EDUCATION FOUNDATION, PO Box 124, Durand, MI 48429