



DONATION FORM

Contact Information

Name: _____
 Company: _____
 Address _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

Donation Information

Donation Amount: \$ _____

Is this a recurring donation? Yes Monthly __ Quarterly __ Annually __

I would like my donation to support:

- Cyber Education Programming
- Kids in Need
- FCPS Honors & Other Employee Recognition Programs
- Use my gift where the need is greatest
- Other- Designate my gift to (list an FCPS school or program): _____

Is this gift in honor or in memory of someone?

Honor Memory

Name : _____

Acknowledgement name if different from above:

Acknowledgement Address: _____

Matching Gifts

Does your company have a **Matching Gift Program**?

Company name: _____

Phone Number: _____

(a Foundation staff member will contact your company's Matching Gift coordinator to alert them of your donation.)

Payment

- Check Enclosed *(Please make checks payable to the Foundation for FCPS)*
- Please Invoice Me
- Charge my Credit Card:

Card #: _____ Expiration Date: __/__/__ CSV: _____

Name on Card: _____

Mail to:
Foundation for FCPS
8115 Gatehouse Road, Suite 5101
Falls Church, VA 22042

Donations may be made online at: <http://www.fcpsfoundation.org/donate.html>

Questions? Call 571-423-1031 or email foundation@fcps.edu