



# YES!



Yes, I/we support the work of the EAU CLAIRE PUBLIC SCHOOLS EDUCATION FOUNDATION, INC. to enhance educational excellence in our community.

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Name or Business \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone (check)  work  home \_\_\_\_\_ phone \_\_\_\_\_

Email \_\_\_\_\_

Please list my name in your annual report as: \_\_\_\_\_

- I/We allow my/our name to be recognized in the Foundation Reports.
  - I/We prefer to remain anonymous.
- 

Enclosed is my/our tax-deductible contribution of \$ \_\_\_\_\_

- This gift is made in honor of/in memory of: \_\_\_\_\_
- This gift is made on the occasion of: \_\_\_\_\_
- Other description: \_\_\_\_\_

Please direct this gift to \_\_\_\_\_

**\*\*Undesignated gifts/memorials/honorariums will be directed to the Eau Claire Public Schools Education Foundation's Fund for Operations. \*\***

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Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to the Eau Claire Public Schools Education Foundation, Inc.  
PO Box 511, Eau Claire, WI 54702

If you wish to make a credit card payment instead, we encourage you to do so online at:  
<http://www.ecasd.k12.wi.us/foundation/>