



ISSAQUAH
SCHOOLS
FOUNDATION
CONTRIBUTION FORM

Payment Information

➤ Please accept my donation/pledge in the amount of:

\$20,000 \$15,000 \$10,000 \$5,000 \$2,500 \$1,500 Other \$ _____

➤ Please charge my: VISA MasterCard American Express Discover

Card Number

Exp. Date

Please print name as it appears on card

Authorization Signature

➤ Please bill me: Annually Semi-Annually Monthly

➤ I have enclosed a check (make checks payable to Issaquah Schools Foundation)

➤ Please Record My Donation as Follows:

Company or Sponsorship Name as you want it to appear in recognition materials

Contact Name

Signature

Street Address, City, State & Zip

Phone

Email

➤ Please Direct My Gift to the Following:

Nourish Every Mind Luncheon/Breakfast

Area of Greatest Need

Academic Achievement

Connecting Students to their Futures

Dedicated Fine Arts

Highly Capable Programs

Professional Development

Special Services

Struggling Students

In-Kind Donation _____

Thank you for your
generous support of
Issaquah School District
students and schools.

Please send your contribution
to:

Issaquah Schools Foundation
PO Box 835
Issaquah WA 98027

425.391.8557
www.isfdn.org

Issaquah Schools Foundation

PO Box 835, Issaquah WA 98027 • www.isfdn.org • 425.391.8557

Contact KayLee Jaech, Executive Director • KayLee@isfdn.org

Issaquah Schools Foundation: Sponsor Benefit Information Form

As a **Nourish Every Mind** sponsor, Issaquah Schools Foundation is pleased to recognize your donation at our events and on printed materials. Please help us ensure that you receive maximum exposure by completing the questionnaire below and returning it with your signed Contribution Form. Questions may be directed to Valerie Korock, 425.391.8557. Thank you!

Luncheon - Thursday, May 11, 2017 Meydenbauer Center (tables seat 10)

- We will fill our complimentary table(s)
- We will fill _____# of our available seats. Please fill the remainder with other guests.
- We will email you a list of our guests by April 21, 2017
- No, we will not use our complimentary sponsor table(s)

Breakfast - Wednesday, May 17, 2017 Eastridge Church (tables seat 8)

- We will fill our complimentary table(s)
- We will fill _____# of our available seats. Please fill the remainder with other guests.
- We will email you a list of our guests by April 21, 2017
- No, we will not use our complimentary sponsor table(s)

Information Below to Be Completed by \$5,000 and \$10,000 Sponsors

➔ **Artwork for Print Materials & Banners** (Please submit your logo (.jpg/.eps) and any accompanying printing guidelines and/or restrictions to Valerie Korock, valerie@isfdn.org)

Person to contact regarding artwork:

Name _____
Phone _____ email _____

➔ **Promotional Gifts for NEM Attendees** (Sponsors at the \$5,000 level and above may provide a promotional gift for our guests.)

- Yes, we will provide promotional gifts for **Nourish Every Mind** guests.
- No, we will not provide promotional gifts for **Nourish Every Mind** guests.

Please describe: _____

All items must be available for pick up by April 30, 2017



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