



ISSAQUAH
SCHOOLS
FOUNDATION

FY23 CONTRIBUTION FORM

Payment Information:

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

\$20,000 \$15,000 \$10,000 \$7,500 \$5,000 \$2,500 \$1,500 Other \$ _____

◇ I have enclosed a check (Written to: Issaquah Schools Foundation):

◇ Please charge my: VISA MasterCard American Express Discover

Card Number

Exp Date

Name as it appears on card

Authorization Signature

Payment Terms (Select One):

◇ I wish to fulfill my pledge in full

◇ I wish to fulfill my pledge in _____ payments:

Payment Date

Amount

Payment Date

Amount

Recognition:

⇒ Please record my donation as follows:

Company or Name as you want it to appear on the ISF Website:

Contact Name

Title

Signature

Street Address, City, State & Zip

Phone

Email

Please direct my gift to:

(Gifts less than \$1500 will be allocated to area of greatest need via unrestricted funding)

- Area of Greatest Need
- Academic Support
- Nutritional Support/Community Programs
- Behavioral Health
- Cultural Bridges
- Nourish Every Mind
- Specific Program/Combination _____

Authorization:

Signature Date Signed

Additional Notes: