



# Foundation

FOR VANCOUVER PUBLIC SCHOOLS

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Name \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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### Payment Options (please check one)

Check/Cash \$ \_\_\_\_\_ Amount (make checks payable to Foundation VPS)

Credit Card  MasterCard  Visa Amount \$ \_\_\_\_\_  One time  Monthly  Quarterly

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

CVV2 number \_\_\_\_\_ (Last 3 digits located in the signature plate on back of credit card)

Credit card billing address (if different than above)

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

### Special Instructions

Print name(s) exactly as you would like it (them) to appear in Foundation publications

\_\_\_\_\_

Please do not list my name in any Foundation publication. I wish to remain anonymous.

### Matching Gift Information

If your employer will match your gift, please list below. Visit your personnel or benefits office for a matching gift form and return it to the Foundation office.

Company name \_\_\_\_\_

### Please indicate your affiliation with Vancouver Public Schools

Current parent

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Year / High School

Alumni, Class of \_\_\_\_\_  
Year / High School

Current Faculty/Staff

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