

## **Monetary Donation Form**

Foundation for Vancouver Public Schools, PO Box 6039, Vancouver, WA 98668 **Questions? Please contact**: <a href="mailto:foundationVanPS@vansd.org">foundationVanPS@vansd.org</a> or call 360-313-4730

Date:	Name & Company:			
Address	City		State	Zip
Phone Number: (	)	Email Address: _		
Payment Options (p	lease check one)			
☐ Check #	\$ Amount	(make check pa	ayable to Foundation for	· VPS)
	rCard Uisa \$ Amount			
Credit card number: _		E	xpiration date:	
CVV2 number:	(Last 3 digits located	in the signature plate	on back of card)	
Credit card billing a	ddress (if different than above	e):		
Address	City		State	Zip
Signature:			Date:	
Matching Gift Inforn	nation If you/your partner's emplo	oyer will match your o	ift, please list:	
_			, , ,	
	uire withy the Company's personn		natching gift form/instruc	
-				
How would you like	to designate your donation?	? (select one)		
☐ Direct my for	unds where needed most			
☐ Basic Need	Is including Housing Stability			
☐ Engagemei	nt, Enrichment or Mentoring			
☐ Early Learn	•			
	/PS students at a specific school:			
Is this gift in honor of	someone?			
Please contact the Four	ndation for VPS Executive Directo	or to discuss gifts that	fall outside these areas	
Vancouver Public S				
Current School or HS/g	raduation year (if applicable): Alumni Current Facu	ulty/Staff Retired	Equity/Staff	
☐Business ☐ Curi	rent Parent  Parent of Alumni		racuity/Stan	
Schools, is a non-pro	chool District No 37 Foundation of it organization under the laws ation under Section 501(c)(3) o	of the State of Wa	shington and qualifies	s as a charitabl
For FVPS Office only:				
Date Received	: School:			
Cash/Check_#		Amount:	Deposit Date:	
Income: Unres	stricted/Temporarily Restricted (		•	
	Source/Campaign:			
Description:				_