

## DONATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Gift Level

\$25     \$50     \$75     \$100

Other \$ \_\_\_\_\_

My Tax Deductible Gift Is Enclosed

I/We would like to make a contribution of \$ \_\_\_\_\_ in honor or memory of \_\_\_\_\_.

Please send acknowledgement to:

\_\_\_\_\_

Donation for I Love Paris

Donation for Golf Tournament

Please mail completed form to:

P.O. Box 356, Paris, TX 75461

Phone: 903.737.7400 Ext. 2572

[pef@parisisd.net](mailto:pef@parisisd.net)

[www.pariseducationfoundation.com](http://www.pariseducationfoundation.com)