



Memoriam Donor Card

I am enclosing a gift of: \$ _____

Contributor's Name: _____

Contributor's Address: _____

City: _____ State: _____ Zip: _____

Please make the gift:

In Honor of: _____

In Memory of: _____

Send Acknowledgment of gift to: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to: **CPSF**

Please check type of card: MasterCard Visa

Sec. Code: _____

Credit Card Number: _____

Exp Date: _____

Cardholder's Name: _____

Amt. Authorized: \$ _____

Contributor's Signature

Date

My employer will match this gift Please check to see if my employer will match this gift

Name of Employer: _____ Phone: (_____) _____

Address: _____

City: _____ State: _____ Zip: _____

Have you remembered Claremore Public Schools Foundation in your Estate Plan?

Mission of the Claremore Public Schools Foundation
"Enrich the quality of education in the Claremore Public Schools"
P.O. Box 575 • Claremore, OK 74018 • (918) 923-4308
501(c)(3) Non-Profit Organization