



# The Education Foundation Joint School District No. 2

P.O. Box 563  
Meridian, ID 83680  
Phone: 208-350-5039  
www.meridianschoolsfoundation.org

## Yes, I want to make a difference in Joint School District No. 2.

\$25     \$50     \$100     \$250     \$500     \$1000     Other \$ \_\_\_\_\_

I would like my/our contribution to be **undesignated** to fund Classroom Grants Program. Amount \$ \_\_\_\_\_

### Area of Learning for Funding Preference:

Social Studies & Fine Arts     Lang Art/Debate/World Lang/English Lang Learners     Science/Math  
 Other/ Special Education/Technology etc.     PE/Health     Undesignated

Comments: \_\_\_\_\_

I would like my/our contribution to be **designated** to an individual teacher, school, PTSA/PTO/Booster Club or program.  
Please direct my gift to:

School: \_\_\_\_\_ Teacher/Organization/Group: \_\_\_\_\_ Amount \$ \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Organization/Group: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Comments: \_\_\_\_\_

### Payment Preference:

My check/money order is enclosed and payable to The Education Foundation Joint School District No. 2

I prefer to pay with one of the following:     MasterCard     Visa     Visa Debit Card

/     /

Card Number

/

Expiration Date

Security Code  
(last three digits on back)

\_\_\_\_\_  
Cardholder's Signature

### Donor Information (Please Print)

Please check if you would like your gift to be anonymous

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number \_\_\_\_\_

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