



Yes! I want to be a *Foundation* Partner and help our students, staff and community succeed.

Company name: _____ Contact name: _____

Address: _____

City: _____ Zip: _____

Contact name e-mail: _____ Phone: _____

Please Select Partner Level

- | | |
|---|----------------------|
| <input type="checkbox"/> SUPERINTENDENT'S STAR | \$20,000 + |
| <input type="checkbox"/> VALEDICTORIAN | \$10,000 to \$19,999 |
| <input type="checkbox"/> DISTINGUISHED SCHOLAR | \$5,000 to \$9,999 |
| <input type="checkbox"/> MERIT SCHOLAR | \$2,500 to \$4,999 |
| <input type="checkbox"/> HEAD OF CLASS | \$1,500 to \$2,499 |
| <input type="checkbox"/> HONOR ROLL | \$500 to \$1,499 |

Please Indicate Gift Amount & Payment Option

I would like to make a one- time gift amount
of \$ _____

OR

I would like to make payments

☐ Annually ☐ Quarterly ☐ Monthly

in the amount of \$ _____

To pay online, please visit our website at www.epsfoundation.org and select Annual Business Partnerships.

Please print your company name as you would like it to appear in our marketing materials.

Please make checks payable to EPSF and mail to: P.O. Box 3112, Everett, WA 98213

Charge my ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card # _____

Signature: _____ Exp. Date: _____

Thank you!

P.O. Box 3112 ~ Everett, WA 98213 ~ 425.385.4695 ~ Email: khansen@everettsd.org