

**Build the Dream, Shape the Future:
The Capital Campaign to Enhance the New Elyria High School**

Charitable Contribution Form

(Please circle) Mr./Mrs./Mr.& Mrs./Miss/Ms./Dr./Other: _____

Last Name: _____ First Name: _____

Company Name: (if applicable): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____

Email address: _____ @ _____

Donation Amount: \$ _____ Enclosed is a check payable to Elyria City School District

Charge my credit card

Charge card information:	Name on credit card: _____
Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Expiration Date: ____/____/____
Credit Card Number _____	
Signature: _____	Date: ____/____/____

This gift is In Memory of In Honor of _____

Please acknowledge this tribute gift by sending a special card (without the amount) to the following:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

- I am interested in volunteer opportunities.
- I am interested in receiving information about planning my will.
- I am interested in information about planned giving opportunities.
- My company will match this gift, the form is enclosed.

I would like to designate my gift for:

- Unrestricted – where the need is greatest Athletics Performing Arts & Music
- Academic Curriculum Enhancements Instructional Technology
- Other (please specify) _____

Return to: Elyria City School District Treasurer's Office, 42101 Griswold Road, Elyria, OH 44035