



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

- SUPERINTENDENT'S STAR** \$20,000 +
- VALEDICTORIAN** \$10,000 to \$19,999
- DISTINGUISHED SCHOLAR** \$5,000 to \$9,999
- MERIT SCHOLAR** \$2,500 to \$4,999
- HEAD OF CLASS** \$1,500 to \$2,499
- 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 on the left side of the page.

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