



**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"/> | <b>SUPERINTENDENT'S STAR</b> | \$20,000 +           |
| <input type="checkbox"/> | <b>VALEDICTORIAN</b>         | \$10,000 to \$19,999 |
| <input type="checkbox"/> | <b>DISTINGUISHED SCHOLAR</b> | \$5,000 to \$9,999   |
| <input type="checkbox"/> | <b>MERIT SCHOLAR</b>         | \$2,500 to \$4,999   |
| <input type="checkbox"/> | <b>HEAD OF CLASS</b>         | \$1,500 to \$2,499   |
| <input type="checkbox"/> | <b>HONOR ROLL</b>            | \$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](http://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](mailto:khansen@everettsd.org)