

Flambeau Forever Foundation Directive For Fund Investment

I, (print name) _____ want to support the Flambeau Forever Foundation and agree to donate \$ _____. My donation will help maintain and enhance opportunities and programs for Flambeau students. I request that my donation be distributed amongst this/these emphases:

Emphasis:

Percentage:

Academics

Activities

Athletics

Signature: _____

Date: _____

CHECK:

My check of \$ _____ payable to the Flambeau Forever Foundation is enclosed.

PAYROLL DEDUCTION (For Flambeau School Employees):

My payroll deduction of \$ _____ continuous for _____ pay period(s).

Total payroll deduction: \$ _____

** Please allow up to 30 days for the payroll deduction to begin.

CREDIT CARD:

Donation Amount: _____

MasterCard or Visa Number: _____ Exp. Date: _____

Name on Card: _____

Address: _____ City, State, ZIP: _____

** Credit card processing fee of \$2.65 per \$100.00 applies.