☐ Yes, I want to make a difference in Hillsboro Schools. Here is my gift of:

☐ $50 ☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ Other amount _____

Name

Organization (if applicable)

Mailing Address

City State Zip

Phone (day) Phone (evening)

E-mail

☐ My check (payable to HSF) is enclosed.
☐ Please charge my Visa/Mastercard.
Credit card gift amount $ _____

Account number

Expiration date

Signature

This gift is: ☐ In memory of ☐ In honor of:

Name

☐ Please send notice of this gift to:

Name

Address

☐ My employer will match my gift:

☐ Please use this gift to increase the endowment.

Thank You!
Contributions are tax-deductible to the extent the law allows.

501 (c)(3) Federal Non-Profit Tax ID Number 91-1779425

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