



Madison Public Schools Foundation

2022 Donation Form

Yes, I/we want to create opportunity for every Madison public school student!

DONOR INFORMATION

Name(s): _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Other Phone: _____ work home

Preferred Email Address: _____

Employer: _____

MMSD affiliation (check all that are applicable)

Alumni Parent/grandparent of student or alum Faculty/staff Friend

Schools: _____

GIFT INFORMATION

\$5,000 \$2,500 \$1,000 \$500 \$100 Other: \$ _____

My gift is in honor of in memory of _____ (name). **

PAYMENT INFORMATION

Pay Now by check payable to *Madison Public Schools Foundation*.

Send to: 2005 W. Beltline Highway, Suite 203, Madison WI 53713

Charge my Credit Card Visa MC AmEx Discover

Name as it appears on card: _____

Card Number: _____ CVV: _____

Expiration Date: _____ Signature: _____

DONOR RECOGNITION INFORMATION

For recognition purposes:

Please list my/our name as: _____

I/we wish to remain anonymous. Do not acknowledge my donation publicly.

ADDITIONAL GIFT & DONOR INFORMATION

I/we will seek an employer matching gift.

Yes, I/we have included the Madison Public Schools Foundation in my/our estate plan.

Please contact me/us about making a gift in my will or estate plan.

** **For honor or memorial gifts:**

Thank you for making a gift in honor or memory of a loved one, friend or acquaintance. Please provide contact information below if you would like us to send a tribute or memorial letter.

Name: _____

Address: _____

City, State, Zip: _____

Thank you for your generosity.

2005 W. Beltline Highway, Suite 203

Madison, WI 53713

608-210-6900

fmps.org

If you have any questions or need additional information please call 608-210-6900.