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Education  
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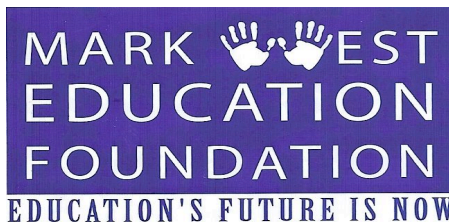
Karen Sanders

Elaine Balch

**MWEF is a  
non-profit 501(c) (3)  
organization  
IRS  
Tax ID 56-2331535**

**Mark West Education  
Foundation**

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# Annual Pledge Drive

**\$65,000 Fundraising Goal for 2010!**

**100%** of your tax deductible donation goes directly to student programs.

Every donation to the Mark West Education Foundation  
regardless of size makes a difference!

## Last year, by donating to the MWEF, you funded:

- 4-8 Music Program (Band, Strings & Chorus)
- K-2nd Grade Physical Movement P.E. Programs
- 3rd Grade Recorder Instruction
- LCD Projectors for 4-6 Grade Classrooms

## Here's what our Goals are for 2010-2011:

- 4-8 Music Program (Band, Strings & Chorus)
- *Extend* Physical Movement P.E. Programs to K-6
- 3rd Grade Recorder Instruction
- *New!!* Teacher Classroom Mini-Grants K-8
- *New!!* Software to Support Student Learning K-8

We can meet our goal if every Mark West Family makes a one time donation of \$100 for the entire school year or a monthly donation of \$10 dollars for ten months.

### Please Help Us By Choosing A Donation Option(s):

- \$10.00     \$25.00     \$50.00     Other Donation Amount: \_\_\_\_\_
- \$100 One Time Family Donation     \$100 Sponsor a Family Donation

**Payment Options:** *Please choose the payment frequency you prefer.*

- One-Time Donation     Monthly Payments (*Charged to a debit card or credit card*)

I/We would like to make monthly payments in the amount of \$ \_\_\_\_\_ over the following number of months \_\_\_\_\_ for a total contribution of \$ \_\_\_\_\_.

### Credit/Debit Card Disclosure for Monthly Payments:

This authorization is to remain in full force and effect for the number of debits stated above or until Mark West Education Foundation has received written notification from me of its termination in such time and in such manner as to afford the organization and DEPOSITORY a reasonable time to act on it.

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### I/We would like to select the following payment method:

- Cash (Enclosed)     Check (Enclosed)     M/C     Visa     American Express     Discover

Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

Signature: \_\_\_\_\_

**Matching donations increase your giving power. If you are associated with a matching donation company, please send a matching donation form with your contribution.**