



# RIDGEFIELD PUBLIC SCHOOLS FOUNDATION

**PLEASE PRINT**

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Organization \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount \$ \_\_\_\_\_

**Recognition Levels:**

- Student: ..... \$10
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- Benefactor: ..... \$500-\$999
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Please make checks payable to: RPS Foundation. *Do not send cash.*

Mail donation with this form to: RPS Foundation  
PO Box 1402  
Ridgefield, WA 98642

**Special Instructions**

\_\_\_\_\_ My spouse/partner/family and I make a combined gift. Please recognize our names as follows: Name(s) \_\_\_\_\_

\_\_\_\_\_ Please do not put my name in any Foundation publication or on your website. I wish to remain anonymous.

\_\_\_\_\_ I'd like more information about the Foundation. Please have someone contact me.

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Thank You for Your Support!!!**

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