

Yes! We will support Kids Day.

Company/Organization _____

Print name as it is to appear on promotional materials or check to remain anonymous. ☐

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ (A copy of this form will be sent via email.)

Authorizing Signature _____ Date _____

_____ Please accept my contribution of \$ _____.

OR

_____ I would like to pledge a multi-year contribution totaling \$ _____ beginning _____.

Apply my multi-year contribution in the following years for the amounts indicated below:

\$ _____	2022-2023 (current year)
\$ _____	2024-25
\$ _____	2026-27

OR

_____ Other, please provide details _____

For your convenience, the Foundation office will send invoices for multi-year investments.

Payment Information (please select one)

☐ My check is enclosed for \$ _____ **Payable To: The Foundation @ FCOE**

☐ I pledge a contribution of \$ _____ Please invoice me.

☐ Charge to ___ Visa ___ Master Card ___ American Express ___ Discover

CC # _____ Exp. Date _____

CSC # (last 3 digits on the reverse side) _____



Name as it appears on card _____

Billing address if different than that listed above _____

Signature _____

Thank you for your support.