

*Donations*

\*\*\*\*\* F O R M \*\*\*\*\*

YES, I want to contribute to the Educational Foundation for Columbia Schools.  
Please find enclosed the amount of:

(Please circle one that applies)

\$ \_\_\_\_\_ Check or Cash

\$ \_\_\_\_\_ Other (Please specify)

I would like to discuss a planned gift to the Educational Foundation for Columbia Schools.  
Please contact me for further information.

Name:	
Address:	
City, State, and Zip Code:	
Phone Number:	

**Print this form out then mail it to:**

Educational Foundation  
For Columbia Schools  
PO Box 126  
Brooklyn, MI 49230

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