



## West Ada Education Foundation

1303 E. Central Drive

Meridian, ID 83642

208-855-4500

<https://www.westadafoundation.org>

### Yes, I want to make a difference in the West Ada School District

☐ \$25   ☐ \$50   ☐ \$100   ☐ \$250   ☐ \$500   ☐ \$1000   ☐ Other \$ \_\_\_\_\_

☐ I would like my/our contribution to be **undesignated** to fund Classroom Innovation Grants. \$ Amount \_\_\_\_\_

#### Area of Learning for Funding Preference:

☐ Social Studies & Fine Arts   ☐ Lang Art/Debate/World Lang/English Lang Learners   ☐ Science/Math  
☐ Other/ Special Education/Technology etc.   ☐ PE/Health   ☐ Undesignated

Comments: \_\_\_\_\_

☐ I would like my/our contribution to be **designated** to an individual teacher, school, PTSA/PTO/Booster Club or program.  
Please direct my gift to:

☐ School: \_\_\_\_\_ Teacher/Organization/Group: \_\_\_\_\_ Amount \$ \_\_\_\_\_

☐ School: \_\_\_\_\_ Teacher/Organization/Group: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Comments: \_\_\_\_\_

#### Payment Preference:

☐ My check/money order is enclosed and payable to The Education Foundation Joint School District No. 2.

☐ I prefer to pay with one of the following:   ☐ MasterCard   ☐ Visa   ☐ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code  
(last three digits on back)

\_\_\_\_\_  
Cardholder's Signature

#### Donor Information (Please Print)

☐ Please check if you would like your gift to be anonymous

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number \_\_\_\_\_

Email: \_\_\_\_\_