



## 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: \_\_\_\_\_