

Donation Pledge Form

Thank you for supporting our mission of enhancing education for Selah students! Your gift expands the world of learning for all of our kids.



Community Support for Enriching Education

Donor Information

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Home Phone # _____

I/we wish to have our donation remain anonymous

Gift Information

Please accept my current donation of:

\$25 \$50 \$100 \$250 Other \$ _____; or

I would like to make a recurring donation of \$ _____ per Month; Year (*Credit Card Required*)

My check for the above donation is enclosed (*Please make checks payable to Selah Education Foundation*)

Please charge my credit card: Card Type – Visa / MC Card # _____

Expiration Date (XX / XXXX) _____ CSC (3 digit security code) _____

Signature _____

Acknowledgement Information (Optional)

My gift is in memory/honor of _____

(If you would like us to notify any individuals about this gift, please provide contact information for those people)

If mailing form, send to: Selah Education Foundation, P.O. Box 912, Selah WA 98942

For more info, contact: Info@selaheducationfoundation.org; or www.selaheducationfoundation.org

Selah Education Foundation is a Qualified 501(c)(3) charity. Contributions are tax deductible within the limits of federal and state law