

Hanover Education Foundation

Contribution Form

I, We, Support Hanover County Public Schools

Please check all that apply:

- Graduate of Hanover County Public Schools (Name school) _____
Year of Graduating Class _____
- Friend of Hanover County Public Schools
- I have included the Hanover Education Foundation in my will or trust.

Name: *(Please Print)* _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone:() _____ - _____ E-mail: _____

Enclosed is my tax deductible contribution of \$ _____ made payable to the
Hanover Education Foundation (Tax I.D. EIN 54-1573406)

You may acknowledge my gift in HEF publications or media releases Yes No

My gift is eligible for a matching gift from _____.
(Please include or send matching gift form.)

Any questions, please call: **(804)365-4565** or e-mail **mhill@hcps.us**

Please mail this form along with your contribution to:

Hanover Education Foundation
P.O. Box 1297
Ashland, VA 23005

Our Successes Add Up... One Student One Teacher One School One Donor At A Time

Thank You for Your Donation