

GIVE BACKpacks

Your donation will provide students with needed supplies to engage successfully in their lessons.

Please download this form and return to the address below with your check made payable to **MCPSEF/BACKPACKS**

MCPS Educational Foundation, Inc.

P.O. Box 1007

Rockville, MD 20849-1007



Donor Information

Name _____

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Email _____ Phone _____

☐ Cell Phone ☐ Land Line

☐ This gift is on behalf of an organization: _____

Organization Name (please print clearly)

☐ My organization will match this gift.

MCPS Affiliation (check all that apply)

☐ Alumnus ☐ Employee ☐ Friend ☐ MCPS Retiree ☐ Parent ☐ Student

Gift Amount

- | | |
|--|--|
| <input type="checkbox"/> \$50,000 — District | <input type="checkbox"/> \$25,000 — School Cluster |
| <input type="checkbox"/> \$10,000 — School (Secondary) | <input type="checkbox"/> \$6,500 — School (Elementary) |
| <input type="checkbox"/> \$2,500 — School Grade | <input type="checkbox"/> \$300 — School Class |
| <input type="checkbox"/> \$15 — One Backpack | <input type="checkbox"/> Other _____ |

Acknowledgement Information

Please list my name as follows in the Honor Roll of Donors:

☐ Please do not list my name in the Honor Roll of Donors