

DINE *with* DIGNITY

Check Contribution Form

Return this form to:

MCPS Educational Foundation

PO Box 1007

Rockville, MD 20849-1007



Donor Information

First Name: _____ Last Name _____

Organization: _____

Street Address: _____ City _____

State _____ ZIP Code: _____ E-mail address: _____

Phone ____-____-____ ☐ Cell ☐ Home ☐ Office

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.

Select Your Sponsorship Level:

Annual School Debt Range

Select a debt range you wish to impact (#of schools in debt range)

<input type="checkbox"/>	\$10,000+	(6)
<input type="checkbox"/>	\$5,000 - 9,999	(15)
<input type="checkbox"/>	\$2,000 - 4,999	(21)
<input type="checkbox"/>	\$1,000 - 1,999	(27)
<input type="checkbox"/>	\$500 - \$999	(33)
<input type="checkbox"/>	\$250 - \$499	(33)
<input type="checkbox"/>	<\$250	(71)

Multiple Schools Benefactor

Select the level of support that you are providing to schools within a preferred range of debt.*

<input type="checkbox"/>	\$50,000	<input type="checkbox"/>	\$45,000	<input type="checkbox"/>	\$40,000
<input type="checkbox"/>	\$35,000	<input type="checkbox"/>	\$30,000	<input type="checkbox"/>	\$25,000
<input type="checkbox"/>	\$20,000	<input type="checkbox"/>	\$15,000	<input type="checkbox"/>	\$10,000
<input type="checkbox"/>	\$5,000	<input type="checkbox"/>	\$2,500	<input type="checkbox"/>	\$ _____

**All Benefactors and Sponsors giving \$2500 or more will be recognized as Institutional Partners and Patrons.*

Sponsor a School

Sponsor levels	
<input type="checkbox"/>	\$15,000*
<input type="checkbox"/>	\$10,000*
<input type="checkbox"/>	\$5,000*
<input type="checkbox"/>	\$3,000*
<input type="checkbox"/>	\$1,500
<input type="checkbox"/>	\$500
<input type="checkbox"/>	\$250

Sponsor Student Meals

Meal Period	Sponsor Amount
<input type="checkbox"/> 1 Year	\$500
<input type="checkbox"/> Semester	\$250
<input type="checkbox"/> 1 month	\$60
<input type="checkbox"/> 1 Week	\$15
<input type="checkbox"/> 1 day	\$3
<input type="checkbox"/> Other	\$ _____

Indicate Your Payment Terms:

USDA has waived school lunch fees for the current school year ending June 2021. Your gift is helping us to have in hand the funds needed for school year ending June 2022.

☐ Check enclosed. Payable to: MCPS Educational Foundation.

☐ This check is the first payment of _____ installments toward fulfillment of the sponsor amount selected above. Additional payments in equal amounts will be given (check one): ☐ weekly; ☐ bi-weekly; ☐ monthly.

Donor Signature _____

Date _____

☐ To make this gift online using a credit or debit card, visit: <https://mcpsfoundation.org/meal-sponsor>

The online donation form allows contributions to be fulfilled through installment payments

☐ I would like to give a gift of stock.

Please contact me to complete the transaction.

MONTGOMERY COUNTY PUBLIC SCHOOLS
Educational  Foundation, Inc.

Thank you for your support!