Mail-In Donation Form

I/We want to donate to Ripon Education Foundation by giving $ _____

□ Check enclosed payable to **Ripon Education Foundation, Inc**

□ Credit Card_____3-or 4-digit security code _____

card number expiration date (mm/yyyy) _____

Contact Information (Required)

Name(s)_____

Business Name (if applicable) _____

Address _____

City State Zip Code

E-mail address: _____ Phone number: _____

Affiliation - Please choose the affiliation we should use when adding your name to our donor list. This is for our promotional use only. Your contact information and donation amount will not be disclosed.
Use blank lines to fill in year if applicable.

□ Alumnus _____ □ Parent(s) _____ □ Grandparent(s) _____

□Faculty/Staff □Friend □ Student _____

Gift Purpose – unrestricted gifts will be added to our Program fund to be used at the discretion of our Board of Directors

□ Teaching & Learning Programs
□ Jennie Long Elementary Tutoring
□ Scholarships
□ Other_____

□ In Memory of: _____
□In Honor of: _____

Mail Form and Payment To:
Ripon Education Foundation, Inc.
PO Box 395
Ripon, WI 54971-0395

For questions or clarification, contact REF at info@riponeducationfoundation.org .

Thank you for your support!

The Ripon Education Foundation is a non-profit charitable 501 (c)(3) corporation that operates independently of the Ripon Board of Education. The Foundation works in partnership with the Oshkosh Area Community Foundation that will document and receipt your gift.