

Donor Information

I/We support innovative academic enrichment projects within West Sioux Community Schools.

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Graduate(s) of: Hawarden, Year _____ Ireton, Year _____ West Sioux, Year _____

Contribution Details

Donation Amount: \$ _____ Today's Date: _____

This contribution is being given: In Memory of In Honor of

Name(s): _____

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Please print name(s) as you wish it to appear in recognition materials: _____

Would you like your gift to remain anonymous? Yes No

Matching Funds

You may be able to DOUBLE your contribution! Will your employer match your gift? Yes No

If so, please fill out the following. We will be happy to find out if your employer will match your gift.

Company Name: _____

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Mail completed form along with your donation to: WSEF, PO Box 272, Hawarden, IA 51023