

# SCHOOL FUEL



## CONTRIBUTOR INFORMATION

Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Please do not use my (our) name in public acknowledgements

Contact me about additional corporate sponsorship opportunities

## SCHOOL FUEL DONATION LEVELS

Regular: \$10.00-\$249.99

Super: \$250.00-\$749.99

Premium: \$750.00-\$1499.99

Rocket Fuel: \$1500.00 and more

## PLEASE DIRECT MY PAYMENT

Undesignated, apply funds where needed

\$ \_\_\_\_\_ Elementary School

\$ \_\_\_\_\_ Middle School

\$ \_\_\_\_\_ High School

**SCHOOL FUEL is a tax-exempt charitable organization under section 501(c)(3) of the Internal Revenue Code. Your donation is tax-deductible to the extent permitted by law.**

## PAYMENT INFORMATION

Enclosed is my check payable to **SCHOOL FUEL** for \$ \_\_\_\_\_

Please charge \$ \_\_\_\_\_ to my:

Mastercard       Amex

Visa

I pledge \$ \_\_\_\_\_ monthly.

### Check one:

Please charge my credit card listed below.

I authorize School Fuel to deduct the monthly amount for \_\_\_\_\_ months.

I will send checks monthly payable to **School Fuel**.

## Credit Card Information

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_  
Mo. Yr.

Name as it appears on the card  
\_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

## Signature

\_\_\_\_\_

## DOUBLE YOUR SUPPORT DONATIONS.

Your employer may match your contribution, doubling your support.

My company's matching donation form is attached.

*Please mail to:*

**School Fuel  
The Novato Foundation for Public Education  
448 Ignacio Boulevard, #410  
Novato, CA 94949**