

CASTLEWOOD EDUCATION FOUNDATION DONATION FORM

YES! I Want to Help!

I would like to support the Castlewood Education Foundation in making educational opportunities available to children within the Castlewood School District.

ONE TIME GIFT

Amount of \$ _____

ANNUAL PLEDGE

Amount of \$ _____ *for* _____ *years*

IN MEMORIAM GIFT

Amount of \$ _____

In memory of _____

SPECIAL PROJECT FUND DONATION

Amount of \$ _____

To fund project _____

SCHOLARSHIP FUND DONATION

Amount of \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

*All contributions are tax deductible to the extent allowed by law and will be
publicly acknowledged unless you request otherwise.*

THANK YOU FOR YOUR CONTRIBUTION!

Please return this form with your check made payable to the Castlewood Education Foundation,
PO Box 214, Castlewood, SD 57223.