



Vermillion Public Schools Foundation

www.vermillionpsf.org

Name/Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please designate my gift to the following fund:

- Excellence Fund ♦ \$ _____
- Athletics Fund* \$ _____
- Arts Education Fund* \$ _____
- Libraries Fund* \$ _____
- Music Education Fund* \$ _____
- Other _____ \$ _____
- Please contact me about establishing a Fund or a Scholarship.

♦ Provides grants for critical needs for our schools.

*This gift goes toward the endowed fund.

Payment/Pledge Schedule:

- Single Gift: \$ _____ Amount (Please make checks payable to VPS Foundation.)
- Monthly \$ _____
- 2 Annual Payments: \$ _____
- 4 Semi-Annual Payments: \$ _____

Special Instructions

Print name(s) exactly as you would like it (them) to appear in Foundation publications.

- Please do not list my name in any Foundation Publication. I wish to remain anonymous.

In Honor of/ In Member of (Circle one): _____

Matching Gift Information

If your employer will match your gift, please list below. Visit your personal or benefits office for a matching gift form and return it to the Foundation Office.

Company Name: _____

Please indicate your affiliation with Vermillion Public Schools

- Alumni, VHS Class of _____ (Year)
- Current Parent
- Alumni parent of a student from the VHS Class of _____ (Year)
- Current Faculty/Staff
- Retired Faculty/Staff
- Business
- Supporter

Please Make Checks Payable to: Vermillion Public Schools Foundation, P. O. Box 569, Vermillion, SD 57069

For questions, please contact treasurer@vermillionpsf.org or call (605) 677-7000
VPSF is a 501(c)(3) charitable foundation – Your donations are tax deductible.