



Gift Form

DONOR INFORMATION:

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

I am an alum of Cedar Falls! Graduation year: _____

GIFT INFORMATION:

I wish to support staff and students by making the following gift (*payable to Cedar Falls Schools Foundation*):

Donation Amount: \$ _____

Donation Frequency:

- One-time gift
 Recurring gift: Annually Semi-Annually Quarterly Monthly (Stop date: _____)

Fund:

- Area of Greatest Need
 CAPS — *preparing students for life beyond high school*
 Excellence Grants — *grants for staff to enhance student learning*
 Scholarships
 Tiger Performance Center
 Winter Sustainability — *Foundation's operating endowment*
 Alumni Gift: Class of _____

I would like my gift to remain anonymous

OPTIONAL SELECTIONS:

My gift is made in honor or memory of: _____

My gift will be matched by: _____ (Company Name) Matching form enclosed



Please return this form via email to foundation@cfschools.org or by mail to:
Cedar Falls Schools Foundation
602 Main Street
Cedar Falls, IA 50613