



## GENERAL CONTRIBUTION CARD

“Cultivating Lives...Investing in The Future”

### CHECK ONE

- Please accept my one time donation to the Madison Education Foundation. Enclosed you will find my method of payment.
- Please accept my ongoing donation to the Madison Education Foundation. Enclosed you will find my method of payment.  
I/we pledge \$ \_\_\_\_\_ per year for \_\_\_\_\_ years,  
for a total gift of \$ \_\_\_\_\_

### THIS GIFT IS TO BE USE AS FOLLOWS:

#### CHECK ONE

- Perpetual Grant Fund - used to fund grants to teachers
- Operational Funds - used for miscellaneous expenses
- School/Classroom Funds *(please indicate below)*
- Other *(please be specific)* \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

P.O. Box 43  
Rexburg, ID 83440  
www.madisoneducationfoundation321.org

Please complete the right side of this form

### Method of Payment:

#### Cash/Check

Amount enclosed: \$ \_\_\_\_\_  
*(Please make checks to the Madison Education Foundation)*

Remainder to be paid: (Check if applies)

- Monthly  Quarterly  Semi-Annually  Annually

Beginning date: \_\_\_\_\_

*(Reminder notices will be mailed.)*

#### Matching Gift

- Yes, my employer \_\_\_\_\_ will match this gift. If your employer has a matching gift program, obtain a form and submit it with your gift. In most cases your employer will match the gift, enabling you to double your dollars or more.

#### Automatic Bank Withdrawal

Making automatic monthly contributions is convenient for you and consistently helpful to MEF. Please complete the following and enclose a voided check with this card to begin Automatic Bank Withdrawals.

- Yes, I wish to support MEF through Automatic Bank Withdrawal. **Enclosed is my voided check.**

I hereby authorize Madison Education Foundation (MEF) to initiate entries to my checking account, and my financial institution listed below to debit the same to such account. The authority is to remain in force until I have notified the MEF of my desire to terminate donations.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Amount of withdrawal (\$5 minimum) \_\_\_\_\_

Begin withdrawals in the month of: \_\_\_\_\_

Withdrawal each month on the:  5th  20th

#### Credit Card

- You may bill my credit card # \_\_\_\_\_  
 Mastercard  VISA

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_