

DONATION FORM

Contact Information							
Full Name					Email		
Address							
City			State				Zip
Contributio	on						
Amount 🛛	\$25 □\$50	□\$100	□ \$250	□ \$500	□ Ot	ther amount \$	
Payable by Cash Check (Payable to Kalamazoo RESA Foundation) Kalamazoo RESA employee payroll deduction							
Employee Payroll Deduction							
	Submit to the Kalamazoo RESA Business Office. The Foundation payroll deduction starts with the first pay in July.						
	21 pay periods x \$ per pay = \$ (Option applies only to 10-month employees who choose to have their pay distributed over 21 pay periods)						
	□ 26 pay period	sx\$	_ per pay =	= \$			
	□ Single Deduction \$						
I want my gift to be used as follows 🛛 Unrestricted 🖓 Youth Opportunities Unlimited Fund (Restricted)							
			ther restric	ted program			
Gi	ft Dedication	(Optional)					
My unrestricted gift is in 🛛 Honor 🖾 Memory of							

Create a Named Scholarship

Individuals, businesses and organizations can establish a named scholarship to honor or memorialize a relative, friend, associate, member or ideal. Our office will contact you to complete the transaction.

Scholarship to benefit students from designated program _

Matching Gifts

Maximize your contribution by asking your spouse or family members to contact their employer's human resources department and request information about matching gift programs. (Please attach all related documents)

Company	
Employee	Phone

Mail/Deliver This Form To:	You may also choose to donate online at: www.kresa.org/donate				
Kalamazoo RESA Foundation Attn: Business Office 1819 E. Milham Avenue	For additional information, call Kalamazoo RESA Foundation at (269) 250-9235 or email foundation@kresa.org				
Portage, MI 49002-3035	Thank you for your tax-deductible gift!				