

## **Donor Information**

## **SEF Donation or Commitment Card**

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City:			State:		Zip Code:	
E-mail Address:			Preferred Phone Number:			
Name of l	Business or C	ompany (if ap	plicable):			
Gift Desi	gnation (chec	ck one):				
Donation, Undesignated				Froese Teacher Excellence Endowment Fund		e Endowment Fund
Honorary Gift for				David & Tammy Hicks Family Endowment F		mily Endowment Fund
Memorial Gift for				General Endowment fund		
Cur	riculum & St	udent Develo <sub>l</sub>	ment			
Donation	Amount: \$		Check Enclosed (Ck #) Cash			
Monthly Pledge Amount: \$			Payable within one year unless other arrangements are made.			
Comment	s:					
Signature:			Date:			

Print page and mail with your check to:

Sherman Education Foundation
Attn: Kathy Bickerstaff, Executive Director
PO Box 1176, Sherman, TX 75091

For additional information, call 903.891.6431 or fax 903.891.6407.

Thank you for your support!

The Sherman Education Foundation is a 501(c)(3) charitable organization. Gifts are tax exempt to the extent allowed by the IRS.