Wakefield High School Education Foundation
Contribution Form

Name: _____
First Maiden Last

Address: _____
City: _____
State: _____ Zip: _____
Home Phone: (____)_____-_____

E-Mail: _____

Enclosed is my contribution for $ _____
___ I am a member of the WHS Class of _____
___ I am a past or present staff member _____
___ I am a parent, spouse or friend of a member of the class of _____

My contribution is:
___ in **memory** of, or
___ in **honor** of:
_____

Please notify the following about this contribution.
Name: _____
Address: _____
City, State, Zip: _____

Make checks payable to
Wakefield Education Foundation
and mail to:

Wakefield Education Foundation
PO Box 41675
Arlington, VA 22204

The Foundation is a 501 (c)(3) nonprofit organization. Donations are fully tax deductible.