

Donation Form

Name _____ Maiden Name _____

Address _____

Phone _____ Email _____

Relationship to Lancaster Central School District (check all that apply):

Alumni

Student

Graduation Year _____

Parent

Teacher

Community Member

I would like to support the Change the Game Campaign through a donation of:

\$25

\$50

\$100

\$250

\$500

Other _____

I would like to support the Change the Game Campaign through the purchase of a paver:

4" X 4" PAVER

Up to 3 lines of text,
14 characters per line
including spacing
and punctuation
\$100

8" X 8" PAVER

Up to 6 lines of text,
20 characters per line
including spacing and
punctuation
\$200

12" X 16" PAVER

Up to 3 lines of text,
21 characters per line
including spacing and
punctuation
\$1,000

STONE BENCH

Up to 3 lines of text,
21 characters per line
including spacing and
punctuation
\$10,000

Please PRINT your paver message clearly below:

Enclosed is a check

Please bill my credit card (circle below)



Account Number _____

Expiration Date _____

Name on Card _____

Signature _____

PLEASE COMPLETE THIS FORM AND MAIL TO:

LEAF Foundation, P.O. Box 196, Lancaster, NY 14086