

# Hanover Education Foundation

## *Contribution Form*

### I, We, Support Hanover County Public Schools

Please check all that apply:

- Graduate of Hanover County Public Schools (Name school) \_\_\_\_\_  
Year of Graduating Class \_\_\_\_\_
- Friend of Hanover County Public Schools
- I have included the Hanover Education Foundation in my will or trust.

Name: *(Please Print)* \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:(     ) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Enclosed is my tax deductible contribution of \$ \_\_\_\_\_ made payable to the  
**Hanover Education Foundation** (Tax I.D. EIN 54-1573406)

You may acknowledge my gift in HEF publications or media releases Yes No

My gift is eligible for a matching gift from \_\_\_\_\_.  
(Please include or send matching gift form.)

Any questions, please call: **(804)365-4565** or e-mail **mhill@hcps.us**

Please mail this form along with your contribution to:

**Hanover Education Foundation**  
**P.O. Box 1297**  
**Ashland, VA 23005**

*Our Successes Add Up... One Student One Teacher One School One Donor At A Time*

*Thank You for Your Donation*