COOS BAY SCHOOLS COMMUNITY FOUNDATION
Opening Doors, Enriching Lives

Gift Information

Name: _____

Business/Organization: _____

Address: _____

Phone: _____

Email: _____

Gift Amount:

_____ $5
_____ $10
_____ $25
_____ $50
_____ $100
_____ $500
_____ $1000
_____ Other: _____

How would you like your donation used?

_____ No Preference

_____ Specific School
- _____ Bunker Hill Elementary
- _____ Blossom Gulch Elementary
- _____ Madison Elementary
- _____ Millicoma Intermediate
- _____ Sunset Middle School
- _____ Marshfield High School
- _____ Harding Alternative Schools

_____ Specific Program: _____

Is this an anonymous gift? _____ yes _____ no
Will your employer match this contribution? _____ yes _____ no
Is this gift given In Honor of or In Memory of someone? _____ yes _____ no

If yes, check one: _____ In Honor of _____ In Memory of

Name of Person: _____

Address: _____

A letter recognizing your gift will be sent to the honored person or to the family of the person memorialized.

_____ Please send me information about including the CBSCF in my estate planning.

_____ I am unable to contribute at this time, but would like to remain on your mailing list.

THANK YOU!

Coos Bay Schools Community Foundation
PO Box 1372
Coos Bay, OR 97420