



YES, I want to support my child's education! Enclosed is my donation:

(Please print clearly)

Child's Name _____ Grade (2018-2019) _____

Parent/Guardian Name _____

Street Address _____

City _____ Zip _____

Preferred Phone # _____ Best time to call _____

Email Address _____

\$150 \$250 \$400 \$500 \$1000 Other \$ _____

(Suggested)

- OR -

I can make a monthly donation of \$ _____

I am enclosing a check (*payable to the SOF Parent Association*)

I want to charge my gift to: VISA Mastercard American Express Discover

I will make my donation online through Paypal. (*Please visit www.SOF.edu to find the link to donate*)

Cardholder's Name _____ Zip Code _____

Card # _____ CVV No.* _____

Amount \$ _____ Exp. Date _____

Signature _____

** If you do not provide your CVV no. on this form, please provide a phone number for us to call you to get it privately. Thank you!*

My company can match! If your company has a matching gift program, please check this box.

Company Name: _____