


ICCS FOUNDATION
 EXCELLENCE FUND DONATION FORM

Name _____
 (Please print your name as you would like to be recognized.)

Address _____

City/State/Zip _____

Phone _____

E-mail _____

One time gift of \$ _____
 Check (payable to ICCSD Foundation)
 Credit Card
 MasterCard Visa
 American Express Discover

Card # _____
 Exp. Date _____

 Cardholder's Signature

Levels of Giving	
\$25,000 and above.....	Benefactor
\$10,000 to \$24,999.....	Platinum
\$5,000 to \$9,999.....	Gold
\$1,000 to \$4,999.....	Silver
\$500 to \$999.....	Bronze
\$250 to \$499.....	Principal
\$100 to \$249.....	Sustaining
\$24 to \$99.....	Merit

I would like to honor the following person(s) with my donation to the Excellence Fund:

(Please provide honoree's full name(s) and complete mailing address(es), if not employed by the Iowa City Community school District.)

My gift is in memory of: _____
 Address: _____ City _____ State _____ Zip _____

- My employer will match my contribution
- I would like more information about setting up an automatic payment plan.
- I am an ICCSD employee and would like information about payroll deduction.
- I have included the ICCSD Foundation in my estate plans.

Please mail this form and your donation to:
ICCS Foundation, 1725 N Dodge St, Iowa City, IA 52245
 Your contribution is vital to the Foundation and very much appreciated.
 Gifts to the ICCSD Foundation are tax deductible as allowed by law.