



OAK PARK EDUCATION FOUNDATION ANNUAL APPEAL

IT'S YOUR HELP THAT MAKES A DIFFERENCE!

DONATE

CLICK HERE

We look forward to another great school year and want to thank you again for choosing Oak Park Schools for your children's education. The Oak Park Education Foundation (OPEF) will continue to fund and support the programs listed below with your support.

- Instructional K-3 Aides at the elementary schools
- Additional Counselors at Medea Creek Middle School
- Programs that support STEAM (Science, Technology, Engineering, Arts, and Math) at the High School
- Extracurricular Activities

WE NEED YOUR GENEROSITY TO MAINTAIN THE EXCELLENT EDUCATION AT THE OAK PARK SCHOOLS

Our suggested annual contribution to continue the programs listed above is \$1,000 per family. Please generously give to your comfort level and support OPEF. We would like to achieve 100% participation.

DONOR LEVELS

- | | | | | | |
|--|--|---|---|--------------------------------|--------------------------------|
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$365 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$250 per month
for one year | <input type="checkbox"/> \$100 per month
for one year | | <input type="checkbox"/> \$50 per month
for one year | | |
| Other \$ _____ | | <input type="checkbox"/> One Time Payment | <input type="checkbox"/> Per Month for One Year | | |

****Please list your name as you prefer it to appear on the OPEF donor list. (example: Smith Family, Jane Smith, or Mr. and Mrs. John Smith)**

☐ Check this box if you prefer to be listed as Anonymous

Donor Name: _____

Address: _____

City/State/Zip: _____

Schools: _____

Gift Amount: \$ _____ Phone Number: _____

Email: _____

PAYMENT METHODS:

☐ Pay directly on our website: www.oakparkeducationfoundation.org

☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card #: _____ / _____ / _____ Exp: _____ / _____ CCV: _____

☐ Auto Deduct (Bill my credit card monthly/quarterly (*circle one*) \$ _____ until June 30, 2020

☐ Check Enclosed (payable to Oak Park Education Foundation) for \$ _____

Signature: _____

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