



THE FOUNDATION
FOR OKLAHOMA CITY PUBLIC SCHOOLS

THE GIFT THAT GIVES BACK

Giving the the opportunity for every student to succeed



HONOREE INFORMATION

In Memory Of: honors an individual who has passed away

In Honor Of: marks a special occasion for a friend or family member

Honor Gift Type: In Memory of In Honor of

Please specify name of individual you would like to honor or memorialize.

Honoree Full Name: _____

NOTIFICATION INFORMATION

If you would like us to notify someone of this gift, please provide full name and address for the individual you want to be notified.

Name: _____

Address: _____

City: _____ State/Providence: _____ Zip/Postal Code: _____

Any special instructions or more information you would like to provide us about your gift? _____

DONOR INFORMATION

Donor Name: _____

Donor Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

GIFT/PAYMENT INFORMATION

GIFT AMOUNT \$ _____ Check Enclosed Pledge (please bill me) Charge My: Visa Mastercard

Card Number: _____ Expiration Date: _____

3-Digit Security Code: _____ Signature: _____

Please complete and return to The Foundation for Oklahoma City Public Schools by mail or fax.
5225 N. Shartel Ave, Suite 201, Oklahoma City, OK 73118 | Phone (405) 879-2007 | Fax (405) 879-2088

Questions? Contact Lisa Reed, Deputy Director: lisa@okckids.com or (405) 879-2007