



Piner High School Foundation

YOUR INFORMATION

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Name: _____ Maiden: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Preferred Method to Receive Mail: Email US Mail

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YOU ARE: Please check all that apply

PHSF graduate, Year: _____ Parent of PHSF student(s), Year(s): _____

PHSF Staff/Faculty/Retired Friend of PHSF

ARE YOU A PHSF MEMBER? Yes No If not, please consider joining:

1 year ~ \$20 2 years ~ \$40 3 years ~ \$60 Lifetime ~ \$500

CONTRIBUTION: Please accept my gift of \$ _____

Donation to be Applied as Follows:

General unrestricted gift

Direct this gift to a specific Department or Program at PHSF: _____

Make my gift in honor or in memory of: _____

Please acknowledge my donation as: _____

TOTAL Amount Enclosed: _____

Check # _____

SPECIAL REQUESTS \ QUESTIONS:

email: info@pinerhighfoundation.org or (707) 571 - 7420

PLEASE RETURN THIS FORM AND YOU PAYMENT TO:

Piner High Foundation, 1700 Fulton Rd, Santa Rosa, CA 95403

THANK YOU for supporting the PHSF Foundation, a non profit 501(c)(3) corporation. The Foundation's tax ID number is 68 - 0312001.