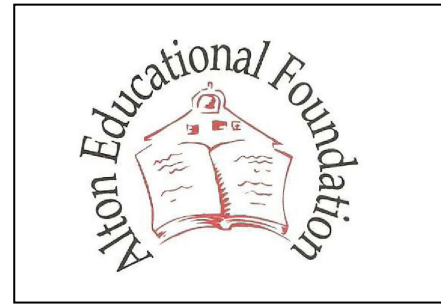


**Yes! I want to support the Alton Educational Foundation.**

**Mailing Address:** Alton Educational Foundation  
PO Box 514  
Alton, IL 62002



**Please accept my gift of:**

- \$1,000.00     \$500.00     \$250.00     \$100.00  
 \$50.00     \$25.00     Other \$ \_\_\_\_\_

**Credit my donation to:**

- General Fund  
Restricted Gift(s):     Fine Arts     Classroom Support

**Please recognize my gift**     in honor of:     in memory of:

**Please send acknowledgment to:**

---

---

---

---

**GIFT PAYMENT TYPE:**

- Check     MasterCard     VISA     PayPal

Please make your checks payable to the **Alton Educational Foundation**.

Credit Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Credit Card CID Number \_\_\_\_\_  
Signature \_\_\_\_\_  
Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_  
Email Address \_\_\_\_\_