



KALISPELL EDUCATION FOUNDATION

Educators for Excellence

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

School: _____

\$1 \$3 \$5 Other _____

Monthly Payroll Deduction

Signature for Authorization _____

One time gift

Included Invoice Me

I want to keep my donation anonymous

The Kalispell Education Foundation is a private, 501(c)(3) charitable organization. All Contributions are appreciated and are tax deductible as allowed by law. For any questions, please email info@kalispelleducationfoundation.org

*Please complete and return this form to the KPS Business Office, Attn: Payroll