

DONATION FORM

My gift is to support: _____

YOUR INFORMATION

Name _____

Address _____ City _____ ST ____ ZIP _____

Email _____ Phone _____

I WOULD LIKE TO GIVE

☐

A one-time gift of

☐ \$500 ☐ \$250 ☐ \$100 ☐ \$50 ☐ \$25

Other \$ _____

PAYMENT INFORMATION

Please choose an option below

☐ A **check** is enclosed (payable to DSST Public Schools Foundation)

Mail this form and check, if applicable, to:

DSST Public School Foundation

PO BOX 675170

DALLAS, TX 75267-5170

QUESTIONS ?

Call 303-802-4117 or email info-development@scienceandtech.org