



Alton Educational Foundation Donation, Memorial, Honoree



One Time Donation: ()General ()Restricted for the following purpose _____

()Memorial _____ or ()Honoree _____
Memorial Name Honoree name

Donor Information:

Name _____

Email Address _____

Address _____

City/State/Zip _____

Phone _____

I am paying by (check one)

Check

Checks payable to : Alton Educational Foundation
PO Box 514, Alton, IL 62002

Credit Card Amount \$ _____

() Visa ()Mastercard Expiration Date _____ Card # _____ 3-digit code _____

Signature _____