

District One Foundation for Quality Education Donor Form

Name\_\_\_\_\_

If CCUHS Alumnus: Graduation Year\_\_\_\_\_

Maiden Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Phone(s)\_\_\_\_\_

[ ] Contribution to the Scholarship Fund \$\_\_\_\_\_

[ ] Contribution to Special Project Fund \$\_\_\_\_\_

Please return this form with your donation. All contributions are tax deductible as allowed by law.

Please make checks payable to: District One Foundation.

Mail your donations to:  
Carrollton Administration Office c/o District One Foundation  
950-A Third St.  
Carrollton, IL 62016