



2013 CONTRIBUTION FORM

DONOR INFORMATION

Name: _____

Billing Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

CONTRIBUTION INFORMATION

Please indicate your commitment below by checking the appropriate box below:

Check one:

Partner Package

Amount

Leadership Level

\$5,000

Sponsorship of 2 Students

\$3,200

Sponsorship of 1 Student

\$1,600

Contributor

\$ 500

Other (Please indicate amount)

PAYMENT INFORMATION

- 1) Please make your check payable to The School Readiness Foundation
- 2) Please indicate "The Mayor's Youth Employment Program" on the check.
- 3) Please send your check and a copy of this form to:

The School Readiness Foundation
c/o Karen Vitale
Assistant Controller, City of Stamford
888 Washington Boulevard
Stamford, CT 06901

Thank you for your support!