

TEAM UP FOR VICTORY FIELD
YEARLY PAYMENT PLAN OPTION

Please fill in all appropriate information

Please Print:

Name _____

Sponsoring Company _____

Mailing Address _____

E-Mail Address _____

Phone _____ (W) _____ (H) _____ (C)

City/Town _____ State _____ Zip _____

Payment Plan Option: (please print yearly charitable gift amount)

3 Year _____

5 Year _____

10 Year _____

By signing below individual/representative agrees to pay option plan indicated
To: RSU#34 Education Foundation. Payment is due no later than June 1st of each year.
A reminder notice can be sent (check below) and 501 exemption (check below).

Please indicate on line name/company to be placed on recognition board & plaque. If donation is in memoriam please indicate name(s). If no name indicated then name on top of form will be used. _____

Signature _____

Date _____

I/we would like 501 (c) (3) status _____

I/we would like reminder notice _____

Please return or mail completed form to:

RSU#34 Education Foundation
156 Oak St. Old Town, ME 04468