



Johnson-Brock Public Schools Foundation

“Dedicated to preserving quality education, developing a strong future for the students of Johnson-Brock Public Schools, and supporting educational opportunities and being the catalyst to extend these goals far into the future.”

Donor Information (please print or type)

Name _____

Billing address _____

City, State - Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make checks, corporate matches, or other gifts payable to:

Johnson-Brock Public Schools Foundation
PO Box 186
Johnson, NE 68378

Please feel free to use the back of this form for any comments you may have.

Print and return this form with your check.

All gifts are tax-deductible, to the extent permitted by law.

Your gift, active participation, and input are essential in helping fulfill educational needs and creating treasured memories for the students and teachers of Johnson-Brock Public School.