

Holdenville Education Foundation Donation Form

Vame: email: _				:	
Address:					
City:	_	State:		Zip:	
Phone No		_			
Pledge amount \$	Date: _			Invoice Donor? (Circle One) Yes	No
Would you like to be p	oublicly acknowle	edged? (Circle One)	Yes	No	
(Circle One) Yes No				on Board or a board committe	e?
Can you recommend s	omeone for the b	oard?			
If Commemorative G In honor of:	Sift:				
In memory of: _					
	:				
Send Commemorative Name:					
Address:					
City:	State:	Zip:			

Please make checks payable to: Holdenville Education Foundation PO Box 641 Holdenville, OK 74848

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