



# A d o p t - A - S t u d e n t

Please indicate your contribution amount by checking one of the apples below:



Full year @ \$12,800



Half year @ \$6,400



\$1,000



\$500



\$2,500



Other \_\_\_\_\_



Please contact me about a full four year pledge!!

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Tel \_\_\_\_\_