



# \$210 for 210 Donation Form

## You can make “an investment in our future”

### WHO WE ARE...

The Lemont High School Educational Foundation enhances educational, social, interactive and cultural programs available to Lemont High School students and the local community. The Foundation operates independently from the school, yet fosters the district's ongoing and systemic efforts to attain the next level of success in all areas of a comprehensive high school education for all students.

Our mission is to partner with the community to make lasting improvements to Lemont High School that will enhance the total educational experience for all of its students. Our desire is to fund and support programs and opportunities that aid students' growth, both academically and as citizens of our community. Governed by a volunteer Board of Directors, the Foundation is a not-for-profit, 501(c)(3) charitable organization. Gifts to the LHSEF are tax-deductible to the extent allowed by the law.

### HOW YOU CAN HELP...

The “\$210 for 210” program has been established for members of the Lemont High School faculty and staff to make ongoing contributions to the Foundation. More than a quarter of Lemont High School staff members participate in the program, and we encourage you to help that percentage increase. **ALL** employees can support the work of the Foundation and directly impact the work done in classrooms through payroll deductions or a one-time donation by cash or check. Every contribution - big or small - helps us work towards fulfilling our mission!

### IMAGINE THE POSSIBILITIES...

If each District 210 employee pledged \$2.10 per paycheck, the “\$210 for 210” program alone would generate nearly \$10,000 annually through the generosity of the Lemont High School faculty and staff! The Foundation has awarded grants to enhance curriculum, improve technology, provide enrichment, and even help students qualify for college. Please consider making a contribution through the “\$210 for 210” program - **it is an investment in our future!**

## I WANT TO SUPPORT THE LHSEF!

Name \_\_\_\_\_ Position \_\_\_\_\_

Home Address (w/City, State, Zip) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE SELECT YOUR METHOD OF GIVING

#### Payroll Deduction Options

1. ☐ \$210 annually (\$8.75 per pay period)
2. ☐ \$2.10 per week (\$109.20 annually)
3. ☐ \$2.10 per pay period (\$50.40 annually)
4. ☐ \_\_\_\_\_ per pay period
5. ☐ \_\_\_\_\_ enclosed total contribution

#### Options 1, 2, 3 and 4 - choose one

\_\_\_\_\_ I agree to have this amount deducted from my paycheck until I make a request in writing to the Payroll Office to have the deduction stopped.

\_\_\_\_\_ I agree to have this amount deducted from my paycheck for \_\_\_\_\_ pay periods.

#### Option 5

Please make your check payable to the LHSEF.

Please return this form to the Business Office,  
c/o Payroll Coordinator Terra Button.