

## Harrison Public Schools Foundation Contribution Form

	to the Harrison Public Schools Foundation, Inc., al grants. I agree to pay my total pledge according to the
☐ One time payment of \$	on or before
	over a period of $\square$ three years, or tment of \$, with the first payment
•	or a memorial contribution for a minimum contribution Proper documentation to establish the bequest to be thin six months.
☐ Bank Draft. You will be contacted by a Foundation Board member to set up the draft.	
	blic Schools Foundation, Inc., will award grants in reliance n will send annual payment reminders.
If you have questions or need further information please call the Foundation President, Nate Wilson, at 870-715-7234.	
Please mail this pledge form to 110	0 S. Cherry St., Harrison, AR 72601.
SIGNATURE OF DONOR	
DATE	
PRINTED NAME OF DONOR(S) FOR RECOG	INITION PURPOSES
MAILING ADDRESS	
CITY, STATE, ZIP	
EMAIL ADDRESS	
PHONE	