

Donation/Membership Form

Imbler Education Foundation

Name: _____

Address: _____

Email: _____

Phone(s): _____

Donation Amount: \$ _____

Please check all that apply:

I would like to be a voting member of IEF.
(Voting memberships are available to anyone for a minimum contribution of \$50 per person per year)

I would like to apply my dues or donation to the building fund.

I would like to make a contribution in honor of: _____

Send notification to: _____ (name)

_____ (address)

I would like to make a contribution in memory of: _____

Send notification to: _____ (name)

_____ (address)

I would like to remain anonymous.

I am an IHS alumnus, class of _____.

I am willing to serve as a volunteer; please contact me.

Make checks payable to:

Imbler Education Foundation

PO Box 95

Imbler, OR 97841

“To preserve and support the legacy of excellence in the Imbler School District and our rural community.”