

**LOST MOUNTAIN MIDDLE SCHOOL FOUNDATION GIVING**

YES, I want to make a tax deductible contribution to the LMMS Foundation.\* LMMSF funds projects and programs that expand educational opportunities, foster creativity, and enhance the academic experience for LMMS students. Your contribution will have a lasting impact on LMMS and its students!

Please return this completed form and donation to the LMMS Foundation box or LMMS front office. You may also mail your payment to Lost Mountain Middle School, 700 Old Mountain Road, Kennesaw, GA 30152

\*LMMS FOUNDATION, INC. is an IRS 501 (c) (3) non-profit corporation and your donations are, therefore, tax deductible. TAX ID # 47-2481503

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Grade/Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EAGLE FEATHER SPONSOR $250** Featured prominently on the eagle. 15 characters per line (spaces included), maximum 2 lines. Please **NEATLY PRINT** your Eagle Feather inscription here:

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**GOLD SPONSOR PLATE $150**  Featured on a 2x3 engraved plate on Gold Sponsor Board. 12 characters per line (spaces included), maximum 2 lines. Please **NEATLY PRINT** your Gold Sponsor Plate inscription here:

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**SILVER SPONSOR $100** Recognition on our LMMSF website Honor Roll and 16oz. beverage tumbler as a token of our appreciation.

**BRONZE SPONSOR $50** Recognition on our LMMSF website Honor Roll

**CORPORATE SPONSOR PLATE $500**  (featured on a 5x7 engraved plate on Corporate Sponsor Board). Please contact the foundation for specific details at lostmountainfoundation@gmail.com

**Payment Options**

1).  My full donation is enclosed: Cash (amount) $\_\_\_\_\_\_\_\_\_\_\_ Check # (payable to LMMS Foundation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2). Credit Card: I will pay by credit card in the amount of $ ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card Type: Visa Discover Card Amex Card MasterCard

 Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Card Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_