

FLORA ACADEMIC FOUNDATION

Name _____

FHS Alum ___ Yes ___ No Class Yr. ___

Name of Spouse _____

FHS Alum ___ Yes ___ No Class Yr. ___

Address _____

City _____ State ___ Zip _____

Ph. No. (____) _____

E-Mail _____

The following contributions will receive special recognition
from the Flora Academic Foundation Board

_____ Memorial/Honor Contrib. — \$500.00

in Memory/Honor of _____

_____ Benefactor - \$1,000.00 or more

ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE

Mail to:

Flora Academic Foundation
444 South Locust
Flora, IL 62839