

**FLORA ACADEMIC FOUNDATION  
DONATION**

Name \_\_\_\_\_

FHS Alum \_\_\_ Yes \_\_\_ No Class Yr. \_\_\_

Name of Spouse \_\_\_\_\_

FHS Alum \_\_\_ Yes \_\_\_ No Class Yr. \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ph. No. (\_\_\_\_) \_\_\_\_\_

E-Mail \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ Memorial/Honor Contribution of \$500.00 or more

in Memory/Honor of \_\_\_\_\_

\_\_\_\_\_ Benefactor Contribution of \$1,000.00 or more

**ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE**

Mail to:

Flora Academic Foundation

444 South Locust

Flora, IL 62839

*'Thank You!'*