

**THE MOBERLY PUBLIC SCHOOLS
FOUNDATION, INC.**

Name _____

Address _____

Phone _____

_____ Check enclosed

Contribution Amount: \$ 25 _____ \$ 250 _____

 \$ 50 _____ \$ 500 _____

 \$100 _____ \$1000 _____

 Other _____

_____ Bill me:
Amount \$ _____

_____ Monthly

_____ Quarterly

_____ Annually

_____ One Time

PLEDGE CARD

Yes, I wish to invest in Moberly's youth by contributing to the Moberly Public Schools Foundation.

_____ Please contact me about a gift in kind or a non-cash gift.

_____ I wish to designate my gift in the following way:

_____ in honor of _____

_____ in memory of _____

_____ I wish for my gift to be used in the following way:

Detach and return to:

The Moberly Public Schools Foundation

PO Box 104

Moberly, MO 65270