

ADM Scholarship Foundation Contribution Card

YES!! _____ I would like to make a contribution to the ADM Scholarship Foundation

YES!! _____ My check in the amount of \$ _____ is enclosed.

YES!! _____ Please send me a reminder at a later date.

YES!! _____ I would like to discuss the Foundation with one of the Board of Trustees.

OR

Yes, I would like to become a member of this fundraising group at the following donation level. Choose a rate and dollar level by placing an "X" in the appropriate space. Each year you will then be sent a reminder regarding your donation.

Donation Rate: _____ Annual _____ Monthly _____ Other Donation Rate

____ \$100 ____ \$200 ____ \$300 ____ \$400 ____ \$500 ____ \$600

____ \$1,000 ____ \$2,000 ____ \$3,000 ____ \$4,000 ____ \$5,000 ____ \$10,000

____ Other amount \$ _____

Make your check payable to ADM Scholarship Foundation

Comments: _____

Name: _____

Phone No. _____ E-Mail Address _____

Address: _____

City: _____ State: _____ Zip: _____

Please mail to: ADM Scholarship Foundation
P.O. Box 191
Adel, IA 50003

ADM Scholarship Foundation Privacy Statement

The Adel-DeSoto-Minburn School District Scholarship Foundation Fund, Inc. We are committed to the protection of your privacy. This commitment means that we will not share your personal information with any person, agency, organization, or entity other than with service providers who perform services for us and who agree to keep your information confidential as is required by law. We do, however, list the names of donors to the Foundation in various publications, including on our website and in the High School Commencement program. No other information besides the donor name and level of giving is listed. Donors who do not wish to have this information listed can contact the president of the Foundation and your name will be removed. Should our information sharing practices change so that we intend to share your information with anyone besides those listed, we will post the new policy on our website.