

*East Fairmont High School Foundation, Inc.*

1993 Airport Road • Fairmont, WV 26554

**MEMBERSHIP/DONATION CARD**

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (Maiden) \_\_\_\_\_ Graduate/Friend (circle)

Address \_\_\_\_\_ Year Graduated \_\_\_\_\_

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

Spouse's Name \_\_\_\_\_ (Maiden) \_\_\_\_\_ Graduate/Friend (circle) Year Graduated \_\_\_\_\_

Type Membership (circle):	Yearly	Single (\$10.00)	Married Couple (\$15.00)	Business (\$25.00)
	Life Membership	Single (\$100.00)	Married Couple (\$150.00)	

I would like to contribute: \$ \_\_\_\_\_ In honor of \_\_\_\_\_

My E-mail Address: \_\_\_\_\_

I would like to learn more about estate planning, memorial gifts and other tax exempt means of supporting the foundation.