**HARRISBURG PUBLIC SCHOOLS FOUNDATION**

**ADOPT A HARRISBURG CLASSROOM**

**SCHOOL YEAR 2021-2022**

**Donation Information:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Category: Business ( ) Faith Community ( ) Individual ( ) Other ( )**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**May we publish your name as an adopter? \_\_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donation Amount:**

**\_\_\_\_\_- $500 (classroom sponsor) \_\_\_\_\_ - $250 (tech support) \_\_\_\_\_ - $100 (supplies)**

**Please indicate your preference (optional):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Downey School** | **Foose School** | **Ben Franklin School** | **Melrose School** | **Scott School** |
| **( )Kindergarten** | **( )Kindergarten** | **( )Kindergarten** | **( )Kindergarten** | **( )Kindergarten** |
| **( ) Grade 1** | **( ) Grade 1** | **( ) Grade 1** | **( ) Grade 1** | **( ) Grade 1** |
| **( ) Grade 2** | **( ) Grade 2** | **( ) Grade 2** | **( ) Grade 2** | **( ) Grade 2** |
| **( ) Grade 3** | **( ) Grade 3** | **( ) Grade 3** | **( ) Grade 3** | **( ) Grade 3** |
| **( ) Grade 4** | **( ) Grade 4** | **( ) Grade 4** | **( ) Grade 4** | **( ) Grade 4** |

**( )Special Classroom ( )Special Classroom ( )Special Classroom ( )Special Classroom( ) Special Classroom**

**Do you wish to participate by occasionally volunteering in the classroom?(Optional)\_\_\_\_Yes\_\_\_\_No**

**If yes, please describe your interest.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**PLEASE RETURN THIS FORM ALONG WITH YOUR CHECK MADE PAYABLE TO: Harrisburg Public Schools Foundation, P.O. Box 54, Harrisburg, PA 17108-0054.**

**Questions: Call Chris Baldrige, Executive Director. Telephone: 717-303-9384; E-Mail:** [**cwbhpsf@gmail.com**](mailto:cwbhpsf@gmail.com)  **www.harrisburgschoolsfoundation.org.**