



Donation Form

Your generous contribution to Clover LEAF will support academic excellence and make a meaningful difference to both teachers and students.

At this time, we are only able to accept donations via check or cash.

Donor Information

Name
Organization
Address
City
State
Zip Code
Telephone (home)
Telephone (business)
Fax
E-Mail

Donation Information

I (we) pledge a total of \$ _____ to be paid:
____ now ____ monthly ____ quarterly ____ yearly

Gift will be matched by _____ (company/family/foundation).
____ form enclosed ____ form will be forwarded

I want to remember someone special:
____ In memory of ____ In honor of

Name of individual to be remembered:
I (we) wish to have our gift remain:
____ Anonymous ____ Your name only ____ Company name only ____ Your name and Company name

Signature(s):
Date:

Please make checks, corporate matches, or other gifts payable to:

Clover LEAF, Inc.
604 Bethel Street
Clover, SC 29710

Clover LEAF is a 501 (c) (3) organization and contributions are tax-deductible to the full extent the law allows. The Foundation does not provide financial support for programs regularly funded by the Clover School District operating budget. Strict management of fiduciary responsibility is a basic tenet of the Foundation.