



Hesby Oaks Parent Enrichment Fund- Annual Giving Drive 2018-2019

Give H.O.P.E. to Hesby. Invest in Education

100% Participation in 100 Days

Parent Name: _____ Email: _____

Child(ren) grade(s): _____

Name as you wish it to appear on HOPE Banner: _____

Your commitment to the HOPE fund is an investment, ensuring that Hesby students continue to have more than LASUD offers. Through your donation to the HOPE Fund, you support our incredible programs, services and staff that make Hesby the exceptional public school that it is. **Gifts of any amount are welcome and your support is greatly appreciated.**

I. DONATION LEVELS:

- Level 1: \$2,000+ /INCLUDES:**
2 Car Magnets, name on HOPE Banner, HOPE Keychain, 1 Spirit Wear Shirt, 1 Spirit Wear Hoodie, 1 Yearbook, 2 Reserved Seats to Holiday Show, Reserved Parking for Holiday Show, and 2 Gala Tickets
- Level 2: \$1,500+ /INCLUDES:**
2 Car Magnets, name on HOPE Banner, HOPE Keychain, 1 Spirit Wear Shirt, 1 Spirit Wear Hoodie, 1 Yearbook, and 2 Reserved Seats to Holiday Show
- Level 3: \$1,000+ /INCLUDES:**
2 Car Magnets , name on HOPE Banner, HOPE Keychain, 2 Spirit Wear Shirts, and 1 Yearbook
- Level 4: \$500+ /INCLUDES:**
Magnet, name on HOPE Banner, HOPE Keychain, and 1 Spirit Wear Shirt
- Level 5: \$499 or below /INCLUDES :**
Magnet (while supplies last), name on HOPE Banner (donation must be received **by Jan. 14, 2019**)

II. CLASSROOM COMPETITIONS:

The 3 Classrooms which have the **highest participation** in the annual HOPE Fund Drive **by September 21, 2018** will have an Ice Cream Party.

III. PAYMENT:

CHECK: payable to **Hesby Involved Parents**

- Full Payment Enclosed
- Pre-dated check installments enclosed
 - 3 Months
 - 6 Months

CREDIT CARD**

- Full Payment Now
- Installments
 - 3 month
 - 6 months
 - 10 months

Credit card #: _____

Exp: _____ CCV: _____ Billing Zip: _____

**Please add 3% to my credit card payment to cover the fees HIP has to pay

IV. EMPLOYER MATCHING:

My employer matches donations! Please send a receipt to my email to submit

V. FAMILY & FRIENDS GIVE TOO!

Please email a HOPE Fund donation form to our child(ren)'s grandparents, aunts, uncles or family friend.

Name: _____

Email: _____

Relationship: _____