



Honor Thy Teacher Form

Yes, I would like to honor the following teacher(s) or administrator(s) for their fine work in the Longmeadow Public Schools. (Please indicate the schools of those honored):

Teacher's Name

School

Enclosed is my/our gift of : _____ (\$25 minimum/per honoree)
My/our personal gift will be matched by (company name):

(Please enclose matching gift form provided by employer).

Your name (s) _____

Address: _____

City _____ State _____ Zip _____

___ Check Enclosed ___ Mastercard ___ VISA ___ AMEX

Credit card number _____ Security # _____ Exp Date _____

Please make checks payable to Longmeadow Educational Excellence Foundation (LEEF). Send to: LEEF, PO Box 60782, Longmeadow, MA 01116.

All contributions are tax deductible to the full extent of the law.

Each teacher/administrator honored will receive a Certificate of Appreciation from LEEF noting the donor's name (but not the amount of your gift). The principal(s) and superintendent will also be notified of the teacher(s) honored.

___ I prefer to remain anonymous

___ I would like to include the following personal note to accompany the card.
