



Order Form

Donor Information (please print or type)

Name	
Address	
Telephone	
E-Mail	
Who is the gift from? (Ex: Mr. William Smith, Billy Smith, The Smith Family)	

ONLY ONE TEACHER OR STAFF MEMBER PER FORM. MINIMUM \$10 DONATION REQUIRED.

Teacher/Staff Information

Name	
Grade/Title	
Campus	

Payment Information

I (we) would like to make a one-time donation to the Terrell ISD Excellence Foundation for \$_____ in honor of the person designated above.

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Delivery Information:

_____ Check here if you would like the Foundation to deliver the certificate for you.

_____ Check here if you would like the Foundation to return the certificate to you to deliver. Select method:

_____ : Mail to the address above OR

_____ : I will pick up the certificate in the main office at (Circle One)

Kennedy Elementary

Wood Elementary

Burnett Elementary

Furlough Middle School

Long Elementary

Terrell High School

Signature	Date
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For more information please contact one of the following: Tori Lucas at torilucas@anbt.com or (214) 863-6068

Dana Skelton at dana.skelton@terrellisd.org (972) 563-7504