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## Parent Contribution Form

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Parent's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name 1. \_\_\_\_\_ 2. \_\_\_\_\_  
Classroom 1. \_\_\_\_\_ 2. \_\_\_\_\_

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### Payment Information *(Please note that all information submitted on this form will remain confidential)*

I agree to contribute the following:

- \$31 monthly each for my \_\_\_\_\_ child/children (up to two)
- \$310 in full each for my \_\_\_\_\_ child/children (up to two)
- I am able to contribute \_\_\_\_\_ each for my \_\_\_\_\_ child/children (up to two) and require sponsorship for the remainder.
- Willing to sponsor.
- Willing to fundraise.

Signature \_\_\_\_\_

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Signature \_\_\_\_\_

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Thank you for your pledge to donate to Linscott

**Questions and Comments**

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Please submit your completed contribution form to the Linscott Office with your accompanying contribution.

\*Checks may be made payable to Linscott for Kids.

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Thank you so much for your pledge to donate to Linscott

**Questions and Comments**

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