



The High School Scholarship Foundation of

Fairfield I WILL HELP! Here is my gift in the amount of:

- | | |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> \$500 and up | <input type="checkbox"/> \$250-\$499 |
| <input type="checkbox"/> \$100-\$249 | <input type="checkbox"/> \$50-\$99 |
| <input type="checkbox"/> \$25-\$50 | <input type="checkbox"/> Other |

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

I wish to contribute to:

- The HSSFF Scholarship Fund
- An existing named scholarship (see list on website)

My donation is in honor or in memory of

Please send an acknowledgement to:

My employer offers matching gifts. Employer's name:

- Please have a representative call me about establishing a
- Scholarship. I would like to volunteer.
- I would like more information.

Please make checks payable to: HSSFF, Inc.
P.O. Box 682, Fairfield, CT 06824