



YES!

For questions, please contact
Sherri McKeen, Alumni Coordinator
of the NAFC Education Foundation at
812-542-2242 or SMcKeen@NAFCS.org.

I want to leave a LEGACY.

Name _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone #: _____

HIGH SCHOOL

High School

Floyd Central High School New Albany High School Other

Graduation Year: _____

DONATION / MEMBERSHIP LEVEL

<input type="radio"/> \$5,000: Summa Cum Laude	<input type="radio"/> \$100: Legacy Class
<input type="radio"/> \$1000: Valedictorian	<input type="radio"/> \$60: Partner
<input type="radio"/> \$600: Principals List	<input type="radio"/> \$25: Friend
<input type="radio"/> \$300: Honors Roll	<input type="radio"/> Other amount: _____

PAYMENT DETAILS

Payment method: Check Cash Credit/Debit Card

Checks made payable to New Albany Floyd County Education Foundation

CREDIT CARD DETAILS

Credit card number: _____ Exp: _____ Ccv: _____

Name on card: _____

Signature

Complete and mail to:
NAFC Education Foundation
2813 Grant Line Road
New Albany, IN 47150

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