

Donation Form

Name: _____

Type of Donation: Business Farm Individual Other

Donation Amount:

_____ \$500 Level (Trip Donor)

_____ \$1,000 Level (Trip Sponsor)

_____ \$2,000 Level (One Student Sponsor)

_____ Other Amount: \$ _____

Contact Name: _____

Address: _____

Email: _____ Phone Number: _____

Comments: _____

** Checks should be made out to "North Huron School" with "Costa Rica" included in the memo line. Thank you for your support!*