

SEND DONATIONS TO:

LOWELLVILLE SCHOOL FOUNDATION

c/o Treasurer
52 Rocket Place
Lowellville, OH 44436

LOWELLVILLE SCHOOL FOUNDATION

DONATION CARD

Name _____ LHS Class _____ Maiden _____

Spouse _____ LHS Class _____ Maiden _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____ Work Phone _____

E-mail _____ Donation enclosed \$ _____ Date _____

Donor Board wording (\$500 or more) _____

_____ I have included Lowellville School Foundation in my estate plans.

_____ Please send me information on making provisions in my estate plans.

Make checks payable to:
The Lowellville School Foundation