



## The Tribute Program

## An expression of thanks!

Recognize and honor the work of your favorite teacher, counselor, secretary, nurse, bus driver, teacher aide, principal, or other school employee with a gift to the The Foundation for the Bethlehem Area School District!



Your gift will go directly toward the Foundation's mission: to enhance the learning opportunities for all students of the Bethlehem Area School District.



Your donation will honor someone special and also provide funding for innovative projects and programs such as:

- Project Lead the Way Engineering Program
- Project Lead the Way Biomedical Science Program
- **❖ District-Wide Elementary School Field Trips**
- **❖ Teacher Innovation Grants**
- **❖ Service-Learning Grants**
- ❖ Farm to School Program



Please use the attached form to make a contribution. The Foundation will deliver a certificate to the honored staff member in your name.

If you have any questions concerning The Foundation's Tribute Program, please contact Julie Bailey, Executive Director. Mrs. Bailey can be reached by email at TheFoundation@basdshools.org

or by phone at 610-861-0500 ext. 60255





## The Tribute Program

## The Foundation for the Bethlehem Area School District

Please fill out the information below and return the form, along with your tax-deductible donation:

The Foundation for the BASD
P.O. Box 646
Bethlehem, Pa 18016



nclosed	is a check for my/our donation of:
_\$10 _	\$25
onored	Staff Member:
chool/B	uilding of Staff Member:
r <b>om:</b> (yo	ır name(s) as you wish it to appear on the teacher tribute certificate)
ame(s):	
(For exan	ple: Chris Smith or Chris and Mary Smith or the Smith Family, etc.)
The c	The Foundation will deliver a certificate to the teacher or staff member of your choice. ertificate will include your name and a message of gratitude for his/her commitment and dedication to the Bethlehem Area School District.
ease com r your tax onor (You	Acknowledgement Information: plete this section so that the Foundation can easily issue you a receipt deductible contribution.  T) Name: T) Address:

Please return this form, along with your check made payable to:

The Foundation for the BASD P.O. Box 646 Bethlehem, Pa 18016

