

ENRICHING AND ENHANCING THE EDUCATIONAL OPPORTUNITIES FOR DISTRICT 202 STUDENTS AND STAFF

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# LISLE EDUCATION FOUNDATION

## LISLE COMMUNITY UNIT SCHOOL DISTRICT 202

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5211 CENTER AVENUE. LISLE. IL 60532

PH: 630-493-8000 \* FAX: 630-971-4054

### EXPLANATION OF BUSINESS PARTNERSHIP FUNDING

For years the Lisle Education Foundation a 501(c)(3) not for profit organization has funded grants brought to us by teachers in order to enrich the students of Lisle District 202. Some of these programs have been so successful that they warrant repeating sometimes yearly. The Foundation typically will fund a project for 2 years but in order for the Foundation to keep funding new projects we would like to find alternative funding for repeat programs. From time to time the Foundation also receives a grant request for a project costing several thousand dollars, funding for these too could be helped by Business Partners.

The Lisle Education Foundation is seeking businesses that understand the need for community involvement and support for education. We ask that you consider signing the Pledge of Support for Lisle Education Foundation and becoming a Business Partner to the Foundation.

Signing the pledge does not commit your company to a specific monetary donation, it merely says we may call on you to help fund a particular project. If we call on you, you have the option to contribute or decline no questions asked. Several companies may be asked to fund a single project and the donation may be as little as \$25.00.

Companies can also list a preference of projects to be funded (i.e. technology, the arts, humanities, engineering etc.). We will do our best to match up Businesses with projects.

The Pledge of Support for The Lisle Education Foundation will remain in effect unless you request to be removed from the list. A removal request can be made at any time no explanation necessary.

#### **Benefits you will receive as a Lisle Education Foundation Business Partner:**

- Opportunity to display the Business Partner logo at your business and on your website
- Receive recognition at the program your donation helped fund
- Company name will appear in any publicity attached to the program funded
- Company name will be listed on the Education Foundation web site
- Parents of students involved in the funded program will be made aware of your support for the program

We sincerely hope you will consider becoming a Business Partner by signing the Pledge of Support for Lisle Education Foundation.

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## Pledge of Support For Lisle Education Foundation

Our company understands the need for Community involvement and support for education.

We understand that we may be asked by the Lisle Education Foundation to help with a particular project either monetarily or in kind; we further understand that we have the right to decline for any reason and remain on the list of supporters to be approached at a later date. By signing this pledge we are not committing to any set monetary amount.

The Lisle Education Foundation will try to match projects with a company's interest and ability to fund. Several companies may be asked to consider funding some projects. (a donation of as little as \$25.00 may be all that's required if enough companies are willing to help.)

The pledge to support the Lisle Education Foundation will remain in effect unless the undersigned requests to be removed from the list. Removal can be requested at any time no explanation necessary.

Authorized Signature: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Preference of projects to be funded:(i.e. technology, arts, engineering, humanities etc.) \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

This signed agreement will be kept on file and made available to staff of Lisle School District 202 and Lisle Education Foundation members for the purpose of seeking funding and will not be used for any other purpose.

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*REQUEST FOR FUNDING  
FROM  
LISLE EDUCATION FOUNDATION*

Description of Program:

Date to Take Place:

Number of Students to Participate:

Total Cost of Program:

Amount Requested:

(Any portion of the amount requested will be appreciated)

Amount Given: \_\_\_\_\_

If applicable, please check one of the boxes below:

Sorry at this time we choose not to contribute.

Our donation will be available on \_\_\_\_\_. Please make arrangements to pick it up.

We will mail our donation.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_