

Please print this form, fill it out and mail it to the address below:

Yes, I'd like to help make the Vestal schools better!

Name _____

Address _____

City _____ State _____ Zip _____

Phone () _____

____ I am a Vestal parent.

____ I am a Vestal graduate. Year: _____.

____ Donation enclosed. Donation enclosed (Every little bit helps. Thank you for doing what you can.

Please make check payable to The Vestal School Foundation, Inc.)

Print this form, fill it out and return it with your donation to:

**Vestal School Foundation
P.O. Box 12
Vestal, NY 13850-0012**

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