



THANK A TEACHER

with a card from



National Teacher Appreciation Week is May 2 – 6, 2016. Please consider sending a WEF card to your favorite teacher, counselor, teacher’s aide, school nurse, office staff member, or principal. It’s a perfect way to say thank you and support innovation in Westford schools at the same time! Money generated from these cards will be used to fund grants for the Westford Public School system.

Just make a tax-deductible donation (minimum of \$10 per honoree) to Westford Education Foundation and we will send your honoree a professionally printed WEF card with a personalized note. The card will state your name, but will not disclose the amount of your gift. **Better yet, ask your children to write and deliver the notes themselves!** These cards make great end-of-year class gifts, as well. *Note: Donations made to WEF in WPS staff members’ names comply with the revised state ethical regulations in terms of gift giving and acceptance.*

The Westford Education Foundation is an independent, non-profit organization that promotes excellence in education. We fund grants to teachers, staff, and the community for innovative educational initiatives, professional development, and life-long learning ventures.

Visit our website at <http://wefweb.org/> for more information on the programs we have funded in your school. All of this would not be possible without the support of our community and people like you.

**Complete the form below and mail with your donation to:
Westford Education Foundation, P.O. Box 535, Westford, MA 01886
Make check payable to WEF.**

You will receive a confirmation email when your cards are delivered. Write one check for all cards. Questions? Contact Mary Anne Seraphin at mseraphin@wefweb.org. Thank you!

Please print clearly.

Parent Information: Dr./Ms./Mr./Mrs. _____
First Name Last Name

Address: _____ Phone: _____

Email: _____

Your Name on Card: _____
(As you want it to appear, i.e. “The Smith Family”; “Mary Smith”, “Johnny Smith and Family”)

Name of Honoree: _____ Title/Position: _____
(Please include **first** and **last** name.) (i.e. teacher, nurse, counselor)

School: _____ Total amount enclosed: _____ Other \$100 \$50 \$25 \$15 \$10
(*\$10 minimum donation per card*)

Please check to see if your company has a matching gift program. Your gift may be doubled, or even tripled! Check with your human resources office for a matching gift form to submit with your donation.