

**Yes, I want to reserve a permanent place in the history of the Public Schools of the Tarrytowns (please print clearly)**

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ e-mail address \_\_\_\_\_

Please print information (**all letters and spaces to be included**) and select your choice of commemorative plaque. Do not exceed the number of spaces allotted (**21**) or we will not be able to complete your order. Location of plaque will be randomly assigned. **Thank you for your contribution!**

**\* There are no limitations as to the number of seats you may order.**

In Honor of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

In Honor of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

In Memory of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

In Memory of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

Class of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

Class of:

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

Name Only:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ \$100 (If choosing this plaque, check here)

**Payment Information:**

Total Number of Plaques Ordered - \_\_\_\_\_

Total Amount (\$100 per plaque)- \_\_\_\_\_

**Make Check payable to the Foundation for the Public Schools of the Tarrytowns**

Check Number: \_\_\_\_\_

**Return Order Form with check to:**

**Foundation for the Public Schools of the Tarrytowns, 200 North Broadway, Sleepy Hollow, NY 10591**

For questions please call: Shelly Colley: 366-8467 or email: [foundation@tufsd.org](mailto:foundation@tufsd.org)

Visit our website: [www.tufsd.org/foundation](http://www.tufsd.org/foundation)