

## Donate to the 2007 KEEP Campaign

Help us KEEP Investing in Our Children.

To save teaching positions and rescind layoff notices, we must have your donation by May 1.



### Your contributions will allow funding to retain the following programs:

K-8 Staffing to Optimize Class Configurations Part A (.7-.9 FTE)*	\$65,000
Developmental PE	\$55,000
K-8 Staffing to Optimize Class Sizes Part B (.7-.9 FTE)*	\$65,000
Music, Visual & Performing Arts	\$15,000
Library Services	\$ 5,000
Counseling Services	\$ 5,000

\*Total Item Cost Est. 1.4-1.8 FTE \$130,000. Program needs split into 2 sections- priority listed as Staffing Part A and Part B

Contributions in excess of \$210,000 will enable us to fund the following new programs.

(Priority order to be finalized)

Technology Updates \$10,000 Library Upgrades \$10,000 Science Activity Lab \$10,000  
Math Lab \$10,000 Foreign Language Program \$10,000

The 2007 KEEP slate as listed is \$270,000.

Programs are listed in priority order where applicable, program costs are estimates; actual costs will be determined by the district and approved by LPEF.

Name(s) \_\_\_\_\_

NAMES WILL APPEAR IN OUR PUBLICATIONS. PLEASE MARK ☐ TO KEEP YOUR DONATION ANONYMOUS

☐ Enclosed is my check, made out to LPEF, for \$ \_\_\_\_\_

☐ Please charge my Visa/MC (please fill out info below)

**Suggested donation**  
**\$600 per child or \$900**  
**for two or more children**

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I am a (mark one): ☐ Parent ☐ Grandparent/Relative ☐ Friend ☐ Alumni ☐ Community Member

Donating on behalf of Child/Children \_\_\_\_\_

☐ My employer will match my pledge. Employer Name: \_\_\_\_\_

☐ Yes, I am interested in learning more about the Corporate Sponsorship Program.

THANK YOU FOR SUPPORTING LPEF - ALL DONATIONS ARE TAX DEDUCTIBLE, TAX ID #03-0440872

Please fill out for credit card payments:

☐ Please charge my Visa/MC \$ \_\_\_\_\_ (one payment).

☐ I would like to make two payments on my Visa/MC. Please charge \$ \_\_\_\_\_ to my credit card today and  
\$ \_\_\_\_\_ on Apr 27<sup>th</sup>.

Name on Card \_\_\_\_\_ Acct. # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code / CVV (3 digits; on back of card): \_\_\_\_\_

I authorize the above charges to my credit card.

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

Mail Donations to: LPEF, 23800 Summit Rd, Los Gatos, CA 95033. Or Fax to: 353-6772

[www.lpef.org](http://www.lpef.org) Questions? Call 408-566-3007

