

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
K-8 Staffing to Optimize Class Configurations Part C (<.5 FTE)*	\$35,000

*Total Item Cost Est. \$165,000. Program needs split into 3 sections- priority listed as Staffing Part A and Part B, additional request Part C

Contributions in excess of \$245,000 will enable us to fund the following new programs.

(Priority order to be finalized)

Technology Updates \$10,000 Library Upgrades \$10,000 Math Lab \$20,000

Science Activity Lab \$10,000 Foreign Language Program \$10,000

The 2007 KEEP slate as listed is \$305,000.

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 27th.

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 Questions? Call 408-566-3007

