



TREY WHITFIELD FOUNDATION, INC.®

P.O. Box 252

Brooklyn, New York 11208

Phone: (718) 342-7722 Extension 301 • Phone: (516) 358-3637 • Fax: (718) 342-7775

Email: twf@treywhitfieldfoundation.org

ACADEMIC BOOSTERS

NAME: _____

TITLE/COMPANY: _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE _____

DAY PHONE: (____) _____ EVENING PHONE: (____) _____

FAX: (____) _____ E-MAIL: _____

Please type or clearly print all information. Please submit all booster sheets with names and full payment by June 15. All checks payable to TREY WHITFIELD FOUNDATION

Thank you for your valuable support.

Trey Whitfield Foundation, Inc. is a 501c3 organization

YOUR ACADEMIC HONOREE APPRECIATES THE SUPPORT YOU HAVE SHOWN!

YOUR BOOSTER DONATION SHOULD BE A SUM BETWEEN \$5.00 - \$20.00

WE ARE PROUD OF OUR YOUNG PEOPLE AND LOOK FORWARD TO THEIR GREAT SUCCESS...

THANKS FOR HELPING TO MAKE IT ALL POSSIBLE!!!!

(Please type or print each booster name clearly)

	First Name	Last Name	Amount
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____

TOTAL: \$ _____

CONTINUE ON REVERSE SIDE

ACADEMIC BOOSTERS

(Please type or print each booster name clearly)

	First Name	Last Name	Amount
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	_____	_____	\$ _____

TOTAL: \$ _____