

## TREY WHITFIELD FOUNDATION, INC.

C/O Imagine IT

55 Greens Farms Road Suite 200-19 Westport, CT 06880

Phone: (888) 558-9826 • Fax: (203) 816-8307 Email:twf@treywhitfieldfoundation.org

## **ACADEMIC BOOSTERS**

NAME:				
TITLE/COMPANY:				
ADDRESS:				
CITY, STATE:		ZIP CODE		
DAY PHONE:	()	EVENING PHONE	≣: ()	
FAX:	()	E-MAIL:		
á	and full payment by <b>June</b> *eldfoundation.org are also	entries are preferred. Please submit all <b>14, 2019.</b> Scans of this completed for accepted. All checks payable to TREY nailed to the address above.	m and email to	
•		ort. Trey Whitfield Foundation, Inc. is	_	
YOUR BOO	OSTER DONATION CAN	BE BETWEEN \$5.00 - \$20.00 OR ANY	AMOUNT YOU WISH. WE	
ARE PR	OUD OF OUR YOUNG PE	EOPLE AND LOOK FORWARD TO TH	IEIR GREAT SUCCESS	
	THANKS FOR	HELPING TO MAKE IT ALL POSSIB	LE!!!!	
(Please print each b	ooster name clearly, key ente	ring and submitting a separate Word docur	nent then attached/emailed is preferred	
Fi	rst Name	Last Name	Amount	
Mr. Ms. Mrs			\$	
Mr. Ms. Mrs			\$	
Mr. Ms. Mrs.			\$	
			\$	
Mr. Ms. Mrs.			\$	
Mr. Ms. Mrs.			\$	
Mr. Ms. Mrs.			\$	
Mr. Ms. Mrs.			\$	
		TOTAL: \$		

CONTINUE ON REVERSE SIDE

## **ACADEMIC BOOSTERS**

(Please type or print each booster name clearly)

	First Name	Last Name	Amount
Mr. Ms. Mrs.			<b></b> \$
Mr. Ms. Mrs.			<b></b> \$
Mr. Ms. Mrs.			<b></b> \$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			<b></b> \$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$
Mr. Ms. Mrs.			\$

TOTAL:	\$
	•