

# Lorene Foster

**CHILDREN'S FUND**  
SANTEE SCHOOL DISTRICT

Dear Friends of Lorene Foster:

We would like to take this opportunity to thank each of you who have contributed in the past to the Lorene Foster Children's Fund. In Lorene's honor, you have made a very special difference in the lives of those children whom we have helped through this fund. Since 1994, we have helped hundreds of needy students by providing shoes, clothing, glasses, backpacks and groceries. Your generosity is much appreciated.

We would like to keep this fund going and growing to assist our needy students with medical and dental evaluations and the purchase of glasses, hearing aids and or other assistive devices.

If you have a student this year or know of a student needing this type of help, please obtain a "Request for Assistance" form from your Principal and send it to Paula Ingram LVN., or call 619-258-2250 extension 4000 for the Lorene Foster Children's Fund Voice Mail.

Many of you have donated through monthly payroll deduction. If you wish to continue donating in this manner for the school year you will need to complete a new payroll deduction form. You may also make a tax deductible donation on a one time basis if you prefer. Please make checks payable to "Santee School District" with notation for the LFCF account, these may be sent to Faith Mitchell at Business Services, phone number 619-258-2324.

Again, we thank you for your continuing support. Lorene's dedication to our children is living on through your generosity.

Lorene Foster Children's Fund Committee

I would like to make a tax deductible donation through payroll to the Lorene Foster Children's Fund. Please deduct my contribution in the manner (One-time only **OR** Monthly) marked below:

<b>NAME:</b>		<b>SOCIAL SECURITY #</b>	
<b>ADDRESS:</b>		<b>THIS AUTHORIZATION EXPIRES</b>  <b>JUNE 30TH AND MUST BE</b>  <b>RENEWED YEARLY</b>	
<b>CITY:</b>	<b>ZIP CODE:</b>		
<b>COMPLETE ONE:</b>	<input type="checkbox"/> One-time only	<input type="checkbox"/> Monthly	
	Amount \$ _____	Amount \$ _____	
	Month for deduction: _____	Month deduction begins: _____	

(Employee Signature)

(Date)

