



Foundation for Students of the Shasta Union High School District

Donation Form

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail _____

Address: _____

What was your name in high school? _____

Year of _____ High School You Attended _____

Graduation _____

Spouse's _____
Name _____ Also an SUHSD graduate? School? Graduation Year?

Foundation for Students
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