

Thank you for supporting quality child-centered education!

Enclosed is my contribution for:

\$250 \$150 \$100 \$50 \$25 Other: \$ _____

Please make check payable to Friends of Debra Schade.

- You may use my name as supporter.
- I will host a coffee.
- I will display a yard sign.
- I will share message with friends and neighbors.

The following information is required by California Political Reform Act:

Name _____

Address _____

City _____ State _____ Zip _____

Occupation _____ Company Name _____

Phone (Optional) _____ Email (Optional) _____

Signature _____

Friends of Debra Schade
P.O. Box 333
Solana Beach, CA 92075