



Richland-Bean Blossom

Community School Corporation

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SUPERINTENDENT

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ASSISTANT

SUPERINTENDENT
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SCHOOL BOARD

Mr. Jimmie D. Durnil
Mr. Dana Robert Kerr
Mr. Larry Thrasher
Ms. Debra Walcott
Mr. Randall C. Wright

Richland-Bean Blossom Community School Foundation Contribution Form for RBBCSC Employees

The Richland-Bean Blossom Community School Foundation is a community-based non-profit organization which offers grants to educators in the district on a biannual basis. These grants provide a means for educators to obtain valuable resources for educational opportunities and experiences that would otherwise not be available to students at RBBCSC.

Contributions to the Foundation can be made through payroll deductions within RBBCSC, Thank-A-Teacher program, personal checks, or through the purchase of Indiana's "Committed to Education" license plates. When the license plate is purchased, the purchaser can designate the Richland-Bean Blossom Community School Corporation Foundation to be the recipient of \$18.75 of the \$40.00 license fee.

Please show your support to the Foundation by making one of the following contributions. Your contribution will make a difference in providing enriched learning and educational experiences for RBBCSC students.

_____ Please deduct _____ \$1.00 _____ \$2.00 _____ \$3.00 _____ Other Amount
(specify) from each of my payroll checks until further notice.

_____ I choose to make a contribution to the Foundation through the Thank-A-Teacher program. Please find my enclosed Thank-A-Teacher contribution form.

_____ Please accept my enclosed contribution of \$_____.

_____ I will choose to support the Foundation by pledging to buy a "Committed to Education" license plate when I next purchase plates from the BMV. I will designate RBBSCF to be the recipient of the \$18.75 from the license plate.

On behalf of the students of RBBCSC, the Foundation would like to thank you for an investment in the future of our children. As a non-profit organization, please be reminded that donations can be tax deductible.

Name: _____ Date: _____

Signature: _____

Please return this form to the School Service Center, Attn: Jason Bletzinger

"Where Students Come First"