

Adopt a Compton Classroom



Compton Unified School District

"The Turn Around is REAL"

Donor Information (please print or type)

Name

Address

City, ST Zip Code

Phone 1 | Phone 2

Email

Classroom Information

School Name:

Grade Level or Department:

Teacher Name:

Pledge Information

I (we) pledge a total of \$_____ to be paid: one time monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check other.

I (we) plan to support the school through volunteering services. Please describe:

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:

Compton Unified School District
501 S. Santa Fe Ave.
Compton CA 90221