

Parent Contribution Form

Student Name(s) _____

Parent Name(s) _____

Does your employer have a matching gift program? _____

Company Name _____

Full Contribution (\$200 per child): _____

OR

Installment Plan

Initial Partial Payment Amount _____

Installment amount per month _____ quarter _____ semester _____

Contact Phone number or email address for reminder messages:

Please deliver payments to the Northstar main office and write "Parent Fund" in the memo. Please make checks payable to NAC or Northstar Advisory Committee

NAC use Only:		
Check # _____	Amount _____	Date Recvd _____