



Contribution Form

Name _____ Email Address _____

Phone Number _____ Amount of Gift \$ _____

_____ Please use my gift for the biggest need for students and teachers.

My gift is in honor _____ or memory _____ of _____.

Please send an acknowledgement of my gift to _____.

Address _____

Please make checks payable to Wilson Education Partnership

Please mail gift to:

WEP
113 East Nash Street, Suite 316
Wilson, NC 27893
252-281-6931 www.wilsonedpartnership.com

Thank you for your partnership!
Your gift will help support teacher and student programs
in Wilson County Schools.

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