

LOVELAND SCHOOLS FOUNDATION

MEMBERSHIP FORM

Name _____
(First, Maiden, Last)

Address _____

Phone _____ Email _____

If you are a LSH graduate, what year? _____

\$15.00 Individual Membership _____

\$25.00 Family Membership _____

\$50.00 Patron _____

\$100.00 (or more) Executive Club _____

\$1000.00 (or more) Life Member _____

DESIGNATION FOR GIFTS OVER \$500.00

General Fund _____ Graduation Assistance _____

Senior Scholarships _____

Endowment Fund _____

Teacher Grants _____

I am interested in taking an active part in the operation of the Loveland Schools
Foundation. Yes _____ No _____

Make Checks Payable to LSF And Send to:
Loveland Schools Foundation
757 S. Lebanon Road
Loveland, Ohio 45140