

**LEDYARD EDUCATION ADVANCEMENT FOUNDATION**

**PO BOX 324**

**LEDYARD, CT 06335**

**LEAF Teacher Recognition Program**

***Wondering How Best to Say “Thank You for a Great Year!” to Your Child’s Teacher?***

***LEAF Has the Answer!***

Make a tax‐deductible donation to LEAF in honor of your child’s teacher using the **LEAF Teacher Recognition Program**. Following your gift of **at least $10.00 per teacher** LEAF will send a special ***Certificate of Recognition*** to the teacher with your name prominently displayed, unless you wish to be anonymous. The amount of the gift will not be revealed to the teacher. Certificates will be delivered at the beginning of the next school year. All donors and teachers will be recognized in LEAF’s *Honor Roll of Giving* published later this year.

The mission of LEAF, a nonprofit foundation independent of the school district, is to marshal the community’s resources in support of educational programs that promote excellence and enhance student achievement in Ledyard Public Schools. Since its founding in 2003, LEAF has distributed over $800,000 in grants for the benefit of our students and teachers. We recently celebrated our 20th anniversary of supporting excellence and innovation in Ledyard classrooms!

Your donation to LEAF using the Teacher Recognition Program will not only honor and recognize a superb educator, but it will also help to fund Teacher Mini‐Grants, Growing Grants, and Capital Grants to finance innovative classroom activities that will positively impact student performance and the quality of teaching.

Simply mail the form below with your check payable to “LEAF” to P.O. Box 324, Ledyard, CT 06339. You may also pay by credit card through our website: [www.LedyardEducation.org](http://www.LedyardEducation.org/)  and mail the form separately, or use this link to complete everything online: <https://www.ledyardeducation.org/teacher-recognition.html>

Questions? Contact LEAF Trustee Ellin Grenger at egrenger@gmail.com. Thank you!

**LEAF Teacher Recognition Program**

**DONOR FORM**

**DONOR FORM**



Donor Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Honoree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_