

Sustaining Membership Application

Clarksville education Foundation, Inc.

I would like to become a Sustaining Member of the Clarksville Education Foundation, Inc.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Enclose check for \$25 and Mail to

**Clarksville Education Foundation, Inc.
1500 W. Main Street
Clarksville, Texas 75426**