

15th Annual Teachers First Breakfast Presented by the CHC Public School Foundation



CHAPEL HILL-CARRBORO  
PUBLIC SCHOOL  
FOUNDATION

Supporting  
CHAPEL HILL-CARRBORO  
CITY SCHOOLS

# Breakfast & Roses

For Teacher  
Appreciation  
Week

Treat your child's Teachers, Assistants, Specialists, or Other School Staff to Breakfast and/or a Rose!

## Your Gift Gives Twice:

Breakfast/Roses to the Honorees & Proceeds to PSF's Teachers First Fund!

### Each Honoree Receives:

- Breakfast April 27th at Squid's Restaurant
- AND/OR a Rose delivered to school on April 25th
- Invitation with donor names

All Breakfasts generously donated by:

CHAPEL HILL RESTAURANT GROUP		

### Teachers First Fund Provides:

- Endowed Teaching Chairs
- Awards honoring excellent teachers & staff
- Classroom Grants for Student Enrichment
- Support for the Teacher Supply Store
- Professional Development Grants
- Grants to Novice Teachers
- Grants for National Board Certification
- And many more ways to support & retain teachers in our district

Roses donated in part by **Whole Foods Market**

# ORDER BY APRIL 12

online at [publicschoolfoundation.org](http://publicschoolfoundation.org)

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You can also order using the form on the back.

# 2018 BREAKFAST AND ROSES ORDER FORM

OFFICE USE ONLY
Order No. _____
GR No. _____
Ck. Amt: \$ _____
Ck. No. _____

**RETURN COMPLETED FORM AND PAYMENT BY APRIL 12**

MAIL TO: Public School Foundation  
P.O. Box 877, Carrboro, NC 27510  
919-968-8819

Make copies of this form if needed.  
**Order online at [publicschoolfoundation.org](http://publicschoolfoundation.org)**

## 1 BUY AN EDUCATOR'S BREAKFAST - \$20 / TICKET

Teachers receiving more than one ticket often share with their colleagues.

NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL
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NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL

## 2 BUY AN EDUCATOR A ROSE - \$5 / ROSE

NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL
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NAME OF TEACHER / STAFF MEMBER	SCHOOL
NAME OF TEACHER / STAFF MEMBER	SCHOOL
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NAME OF TEACHER / STAFF MEMBER	SCHOOL

## 3 CONTRIBUTE TO THE GENERAL FUND

I have also enclosed \$ \_\_\_\_\_ for Breakfast Tickets and Roses to honor as many educators as possible at \_\_\_\_\_ SCHOOL.  
Note: if not specified, this amount will be applied as needed across the district.

## 4 ADD A MESSAGE TO RECIPIENT(S) *Up to 50 characters (including your name) as a special message to your honoree(s)*

Note: Breakfast Tickets and Roses are sent directly to teachers and staff unless otherwise requested by donor.

## 5 YOUR INFORMATION

NAME	EMAIL (for electronic receipt)
ADDRESS	CITY STATE ZIP

I want a paper receipt

## 6 TOTAL: (TICKETS+ROSES+GENERAL FUND) = \$ \_\_\_\_\_

Check to "CHC PSF" Enclosed       I authorize the charge on my card:

CARD NUMBER	EXPIRES	3-DIGIT CVV
NAME ON CARD	BILLING ADDRESS	
SIGNATURE	PHONE NUMBER	

THANK YOU for honoring our educators and for supporting programs to assist them.