

14th 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 28th at Squid's Restaurant
- AND/OR a Rose delivered to school on April 26th
- 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 11

online at publicschoolfoundation.org

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You can also order using the form on the back.

2017 BREAKFAST AND ROSES ORDER FORM

OFFICE USE ONLY

Order No. _____

GR No. _____

Ck. Amt: \$ _____

Ck. No. _____

RETURN COMPLETED FORM AND PAYMENT BY APRIL 11

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

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 _____

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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 _____

NAME OF TEACHER / STAFF MEMBER _____ SCHOOL _____

NAME OF TEACHER / STAFF MEMBER _____ SCHOOL _____

NAME OF TEACHER / STAFF MEMBER _____ SCHOOL _____

NAME OF TEACHER / STAFF MEMBER _____ SCHOOL _____

NAME OF TEACHER / STAFF MEMBER _____ SCHOOL _____

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.