



S. O. S.

Cal Comfort Insulating Windows, Inc.

“Support Our Schools” Participation Agreement

Cal Comfort Insulating Windows, Inc. will donate 5 % * of the purchase by _____
(Customer Name)
of _____ in the amount of \$ _____
(Total Purchase) (Donation Amount)

Donations will be made through the “Stanislaus County Office Of Education’s Foundation to support After School Programs in Region 6.”

Certificate of Appreciation to Donor to be issued in the name of:

(Donor Name)

School and Program to receive funding:

(Name of School and Program)

*Requirements:

- All invoices must be paid in full prior to release of donation.
- Customer must request participation in the S.O.S. Program prior to purchase
- No donations made on cancelled or returned goods – Donation cannot be combined with sale prices or discounted offerings.