

2023 Annual Fund Donor Form

Name(s) _____ Phone _____

Mailing address _____

Email address _____

Company _____

SUGGESTED DONOR LEVELS

Bridge the Gap of **\$5,500** per student.

Contributions in any amount are greatly appreciated.

Valedictorian: \$30,000 and over

Summa Cum Laude: \$25,000 - \$29,999

Magna Cum Laude: \$16,500 - \$24,999

Dean's List: \$11,000 - \$16,499

Merit Scholar: \$5,500 - \$10,999

Honor Roll: \$1,000 - \$5,499

Partner: \$1 - \$999



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Please select a payment option (Make checks payable to: Woodside School Foundation)

I enclose a check in the amount of \$ _____

I am sending via Zelle \$ _____

I pledge to pay \$ _____ by March 1

Please charge \$ _____ to my credit card

Card # _____ Exp. Date _____ CVV _____

Signature _____

Billing Address (if other than above) _____

My donation will be matched by _____

Please contact me at _____ about a gift of: Stock ____ Bequest ____

Please list my donation as follows:

☐ I prefer my donation to be anonymous. Please do not include my name in the Annual Report.

☐ In honor of _____

☐ In memory of _____