

# 2026 Annual Fund Donation Form



Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

Email address \_\_\_\_\_

Company \_\_\_\_\_

## **SUGGESTED DONOR LEVELS**

WSF suggests donations of **\$5,500** per student.

Contributions in any amount are greatly appreciated.

Valedictorian: \$30,000 and over

Summa Cum Laude: \$22,000 - \$29,999

Magna Cum Laude: \$16,500 - \$21,999

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

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

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

Partner: \$1 - \$999

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 **Mar 1, 2027**

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 \_\_\_\_\_