

Annual Fund Donor Form

Name(s) _____ Phone _____

Address _____

SUGGESTED DONOR LEVELS

(Contributions in any amount are greatly appreciated)

Summa Cum Laude: \$20,000 and above

Magna Cum Laude: \$15,000 - \$19,999

Dean's List: \$10,000 - \$14,999

Merit Scholar: \$5,400 - \$9,999

Honor Roll: \$1,000 - \$5,399

Partner: Up to \$999

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

I enclose a check in the amount of \$ _____

I pledge to pay \$ _____ by June 30, 2020

Please charge \$ _____ to my: Visa ___ MasterCard ___

Card # _____ Exp. Date _____

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.
- I prefer the amount of my donation to be anonymous, but I approve including my name in the Annual Report's general list of donors.
- In honor of _____
- In memory of _____