

Annual Fund Donor Form

Name(s) _____ Phone _____

Address _____

SUGGESTED DONOR LEVELS

Bridge the Gap of **\$5,400** per student.
Contributions in any amount are greatly appreciated.

Summa Cum Laude: \$25,000 and over
Magna Cum Laude: \$16,200 - \$24,999
Dean's List: \$10,800 - \$16,199
Merit Scholar: \$5,400 - \$10,799
Honor Roll: \$1,000 - \$5,399
Partner: \$1 - \$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 March 31, 2023
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 _____