

# Annual Fund Donor Form

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

Address \_\_\_\_\_

## SUGGESTED DONOR LEVELS

(Contributions in any amount are greatly appreciated)

Summa Cum Laude (\$25,000 and over)

Magna Cum Laude (\$15,000 - \$24,999)

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

Merit Scholar (\$5,400 - \$9,999)

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, 2022

Please charge \$ \_\_\_\_\_ to my: Visa \_\_\_ MasterCard \_\_\_

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.
- 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 \_\_\_\_\_