

ANNUAL FUND CAMPAIGN DONATION FORM

Please print clearly. Contributions can be mailed or dropped off at the school's front reception desk.

Donor Name: _____ Email: _____

Address: _____ Phone: _____
Street City State Zip Code

Donor Recognition: _____

Please list how you would like your donation recognized. Names can be listed by family name or individual name(s) (Examples: The Doe Family, Jane and John Doe or David Doe)

Student Name: _____ Affiliation: _____
(Examples: Parent, Grandparent, Friend, Alumni, Other)

LEADERSHIP CIRCLE: (\$1,500 or more)

\$10,000 - Visionary \$5,000 - Investor \$2,500 - Benefactor \$1,500 - Partner Other \$ _____

OTHER GIVING LEVELS:

\$1,000 - Patron \$500 - Honor \$250 - Friend \$100 - Supporter Other \$ _____

PAYMENT OPTIONS:

- My check for \$ _____ is enclosed,
payable to Grace School
- I would like to remain anonymous.
- Please contact me about a corporate matching gift.

PLEDGE OPTIONS:

- My gift of \$ _____ will be paid as follows:
- Date: _____ Amount \$ _____
- Date: _____ Amount \$ _____



Leading with Generosity
The Grace School Annual Fund

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