

## ANNUAL CAMPAIGN: GIVING FORM

Guardian #1 Name: \_\_\_\_\_

Title: Mr./Mrs./Ms./Dr./Other: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Title: Mr./Mrs./Ms./Dr./Other: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student(s): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Student Name(s) and Grade(s): \_\_\_\_\_

## SUPPORT OF OUR SCHOOL DURING THE 2020-21 SCHOOL YEAR

Great Hearts Western Hills spends a minimum of \$1,200 more per child than what we receive from public funding, and your help is needed to cover the gap. We encourage families to give as they are able. Every family's participation, at any level, positively impacts teachers and the academy's educational priorities.

If you are not participating at this time, please complete the top portion of this document and return it along with your packet.

Participation in our annual campaign is not required to enroll your child(ren) at Great Hearts Western Hills.

### 2020-21 COMMUNITY INVESTMENT CAMPAIGN FAMILY PLEDGE:

	<b>One-time gift of:</b>	<b>*Monthly gift of:</b>	
1 Student	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$100	<input type="checkbox"/> <b>I am a NEW Community Investment donor!</b>
2 Students	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$200	<input type="checkbox"/> <b>I am a CURRENT Community Investment donor!</b>
3 Students	<input type="checkbox"/> \$3,600	<input type="checkbox"/> \$300	<input type="checkbox"/> I will <b>continue</b> my donation of \$_____ <b>per month or per year</b> (circle)
4 Students	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$400	<input type="checkbox"/> I will <b>increase</b> my donation to \$_____ <b>per month or per year</b> (circle)
Other	<input type="checkbox"/> _____	<input type="checkbox"/> _____	

**\*Pledge Schedule:** Monthly gifts will begin in July 2020 and run through June 2021 unless otherwise requested. I prefer my monthly donation to be made on the \_\_\_\_ day of each month.

## GIVING METHODS AND PAYMENT INFORMATION

### Payment Information

Credit/Debit Card:

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Check (Please make check payable to Great Hearts Western Hills.)

### Corporate Gift Matching:

(Check with your Employer about their matching program.)

\_\_\_\_\_

Company Name

- Please plan to have your Community Investment campaign gift fulfilled by June 30, 2021.
- You may donate securely online at [www.greatheartswesternhills.org](http://www.greatheartswesternhills.org).
- Questions? Contact Johanna Garcia at [johanna.garcia@greatheartswesternhills.org](mailto:johanna.garcia@greatheartswesternhills.org).

Signature

Date

I/We wish to have our gift remain anonymous.