

GIFT/PLEDGE FORM

You may complete this form by typing in the information (be sure to **Save** or **Save** As after filling it in or the data will be lost!) before printing and mailing with your gift. If you are using a credit card, you may email the saved form to *thiekat@edgewood.k12.wi.us*.

DONOR INFORMATION PLEASE CLICK AND TYPE (OR PRINT IF YOU CHOOSE TO MAKE A HARD COPY BEFORE COMPLETING)	
Name:	Name:
Address:	Phone: Home Work
City/State/Zip	Email Address:
BUSINESS INFORMATION	
Name:	Title:
	Phone: Fax
City/State/Zip	Email Address:
GIFT/PLEDGE AMOUNT PAYMENT INFORMATION	
\$ Memorial Gift in honor of:	The payment and pledge reminder schedule I prefer is:
	☐ Annual payments of \$ to begin on//
	☐ Bi-annual payments of \$ to begin on//
□ \$ Annual Fund Gift: □ use where most needed □ use to support the fine arts	Quarterly payments of \$ to begin on//
☐ use where most needed ☐ use to support the fine arts ☐ use to support athletics ☐ other: ☐	Only payments received by June 30 will be credited to that EHS fiscal year, July 1 to June 30. Subsequent payments will be credited in the next year.
□ \$ Endowment Contribution:	My preferred method of payment is:
☐ general endowment	☐ Check made payable to Edgewood High School
activiting named fund:	☐ Automatic withdrawal
☐ \$30 Alumni Association Annual Membership	(Please attach voided check to initiate scheduled electronic transfers)
☐ \$150 New Graduate Alumni Association Lifetime Membership	☐ Charge my: ☐ VISA ☐ MasterCard
(Available ONLY to families of senior students through June 30 of the graduation year)	Name on Card: Exp. Date:/
	Card # Exp. Date/
□ \$300 Alumni Association Lifetime Membership	Cardholder Signature:
\$500 Walker Music Center Music Note (An EHS staff member will contact you soon to ask what dedication of 24 characters or less to engrave on the music note)	shares of stock in:
	(An EHS staff member will contact you to confirm the details)
\$1,000 Name an Auditorium Seat (An EHS staff member will contact you soon to ask what dedication of 28 characters or less to engrave on	ADDITIONAL DONOR OPTIONS
the brass plate marking your chair)	Give primary credit to: \square me \square me and my spouse
□ \$1,000 E Wall Brick (An EHS staff member will contact you soon to	☐ my business
ask what dedication of 14 characters or less to inscribe on your brick)	☐ My gift will be matched by:
□ \$1,000 E Club Annual Membership	who is: \square my employer \square my spouse's employer (Please obtain form from company and submit to EHS for completion)
□ \$10,000 E Club Lifetime Membership	☐ Edgewood is included in my will or estate plans.
OR specify an amount here for another purpose:	☐ Please contact me about using planned gifts/estate planning or inclusion in my will to benefit Edgewood High School programs
\$ to be used for	, , , , , , , , , , , , , , , , , , , ,
	DONOR SIGNATURE(S)
	Signature: Date:
	Signature: Date:
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