

Please help support our mission with your investment in the future of our children.

Edgewood Campus School Contribution

I/We support Edgewood Campus School with this gift.

Name(s) _____

Address _____

City, State, Zip _____

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Affiliation: Alumnus Current Parent Former Parent Business
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Gift Purpose: Annual Fund Capital Fund Memorial Other: _____

Gift Amount:

\$100 \$250 \$500

\$1000 \$2000 \$5000

Other: \$ _____

My employer will match this gift. *(Please enclose employer match information if applicable.)*

Signature

Date

Return with your gift to:

Development Office

Edgewood Campus School

829 Edgewood College Dr.,

Madison, WI 53711