

Rock Point School



Campaign to Secure the Future of Rock Point School

Last name _____ First name _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Contact Phone: Home (____) _____ Business(____) _____

E-mail _____

GIFT/ PLEDGE INFORMATION

I (we) hereby contribute cash and/or assets to the **Campaign to Secure the Future of Rock Point School**

I (we) pledge a **total** of \$ _____ Amount Enclosed \$ _____ Remainder Pledged \$ _____

I (we) wish to have this donation spread over 1 2 3 4 5 year(s)

I (we) intend to maintain annual giving during the campaign.

CONTRIBUTION FORM

I (we) plan to make my (our) contribution in the form of:

cash check charge stock property other _____

Please charge my credit card: Visa MasterCard

Number _____ Expiration Date _____

Authorized Credit Card Signature _____

Please bill me beginning _____ and thereafter monthly quarterly yearly other _____

My gift will be matched by _____ Company/Foundation/Family

Matching gift form enclosed Matching gift form will be forwarded to Rock Point School.

DONOR RECOGNITION

(Donors will be recognized in campaign materials unless an anonymous gift is requested)

Please use the following name(s) in all acknowledgements

I (we) wish to remain anonymous

DONOR SIGNATURE(S)

Date: _____

I (we) have designated Rock Point School in my (our) will/estate planning

I (we) would like more information about planned giving

PLEASE MAKE CHECKS & CORPORATE MATCHES PAYABLE TO: Rock Point School

Donations are tax-deductible to the extent allowed by law.