

CROSSROADS SCHOOL, INC. 2016 ANNUAL GIVING CAMPAIGN

Name _____ Today's date: _____

Address _____

Phone _____ Email _____

Yes, I will support the Annual Giving Campaign in the amount below:

- \$250 - Teacher's Wishes \$2500 - School's Dreams
 \$500 - Principal's Aspirations Other _____
 \$1500 - Student Successes

I would like to make a multi-year pledge of \$ _____

My intent is to fund this commitment as follows:

The sum of \$ _____ on or about _____, 2016

The sum of \$ _____ on or about _____, 2017

The sum of \$ _____ on or about _____, 2018

Name as you wish it to appear on donor lists: _____

- Enclosed is my check payable to Crossroads School, Inc.
 Please charge my: Visa Mastercard AMEX Discover

Account # _____ Exp. Date _____

Security code _____ Signature _____

For more information, contact Raana Bell, Director of Advancement, at 713-977-1221