

## YES, I (WE) SUPPORT THE CAMPAIGN TO IMPROVE OUR PUBLIC SCHOOLS.

Name:		
ADDRESS:		
CITY/STATE/ZIP:		
Telephone:		
EMAIL:		
Please accept my (our):		
□ One time gift of \$		
□ Multi-year commitment of \$	PAYABLE OVER ,	_ YEARS.
Beginning the month of,	THE YEAR OF	
(GIFT TOTAL WILL BE DIVIDED INTO THREE EQU REMINDERS WILL BE SENT ANNUALLY).	Jal installments and pledge	
My (our) gift will be:		
□ Cash/check (Please make checks payabl Community Foundation	e to the Greenville Area	
☐ Appreciated assets (please contact me)		
□ Credit Card		
Name on Credit Card:		
Signature:		
Credit Card Number:		
Expiration Date:		
□ I would like to make this gift in hono	PR OF:	
□ I would like to make this gift in memo	PRY OF:	
Please print names as you would like it l	ISTED IN DONOR RECOGNITION MA	ATERIAL:
$\square$ I (we) prefer to remain anonymous.		
The Greenville Area Community Foundation	and the Education Foundation of	:

The Greenville Area Community Foundation and the Education Foundation of Greenville are 501(c)3 not-for-profit organizations. Your contribution is tax deductible to the full extent of federal and state tax laws.

Please return this form to: Alison Barberi, Executive Director, Greenville Area Community Foundation, 101 N. Lafayette, Greenville, Mi 48838.