



Carthage ISD Education Foundation Annual Drive

☐ **YES! I accept your invitation to become a Donor to the
Carthage ISD Education Foundation. My gift to the Foundation will be:**

- | | | |
|--|--|--|
| <input type="checkbox"/> \$5000 per year for 3 years (Platinum Partner) | <input type="checkbox"/> \$1000 or more (Bronze Partner) | <input type="checkbox"/> Cornerstone Club (\$100 annually) |
| <input type="checkbox"/> \$5000 or more for 2 years (Diamond Partner) | <input type="checkbox"/> \$500 or more (Benefactor) | <input type="checkbox"/> Monthly Gift |
| <input type="checkbox"/> \$5000 or more (Gold Partner) | <input type="checkbox"/> \$250 or more (Friend) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> \$2500 or more (Silver Partner) | | |
| <input type="checkbox"/> My tax-deductible gift is enclosed in the amount of \$ _____ | | |
| <input type="checkbox"/> I desire to pay my pledge in _____ installments of \$ _____ | | |
| <input type="checkbox"/> Please charge a total of \$ _____ to my <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Exp. Date _____ | | |
| <input type="checkbox"/> I desire to pay my pledge in _____ installments of \$ _____ | | |
| <input type="checkbox"/> My company, _____, will match this gift. (Form enclosed) | | |

Signature for credit card charge: _____ **Card No.** _____
Name _____ **Phone: Office** _____ **Home** _____
Address _____ **City** _____ **State** _____ **Zip** _____

☐ I do not wish to have my name publicly released when gifts are acknowledged.

The deadline for your contribution or pledge is January 31, 2006
Make your check payable to the *Carthage ISD Education Foundation* and mail to *Carthage ISD, #1 Bulldog Drive, Carthage, TX 75633*.
Thank you for supporting academic excellence.