



GIFT FORM

CONTACT INFORMATION

Name _____ Spouse / Partner Name _____

Phone H C _____ Email _____

Street Address* _____

City _____ State _____ Zip _____

EHS Relationship: Alumni (Class year _____ Maiden Name _____)

Parent Friend Faculty / Staff Board Member Other _____

Business My employer will match my gift (gift form enclosed) Employer Match Amount \$ _____

GIFT DETAILS

I would like to give: \$1,000 \$500 \$200 \$100 \$ _____ OTHER

I would like to join the Leadership Circle by giving:

\$50,000+ DIAMOND \$20,000-\$49,999 EDDIE'S \$10,000-\$19,999 CRUSADER

\$5,000-\$9,999 GOLD \$2,000-\$4,999 MAROON Please list my gift as Anonymous

I would like to pledge to donate: Monthly Bi-Annually Annually in the amount of: \$ _____

I would like to join the Heritage Society: EHS is in my will. Contact me about including EHS in my estate plan.

Your gift will be donated to the Edgewood Crusader Fund. Please list any additional information you'd like us to know about your donation:

Notes: _____

Check Enclosed (payable to Edgewood High School) **If paying by credit card, please use the billing address for the card.*

Credit Card Credit Card # _____ Exp. Date _____ CSV Code _____

Signature _____

We will send a tax receipt and gift acknowledgement after receiving your gift.

Questions?

Contact our Office for Institutional Advancement at 608-257-1023

You may also give online at: edgewoodhs.org/support

Your support is greatly appreciated.

Thank you for your generosity!

HOW TO DONATE

Please include this completed form with your payment and

MAIL TO:

Institutional Advancement Office

Edgewood High School

2219 Monroe Street, Madison, WI 53711-1999