



DONATION FORM

Donor Name(s): _____

Address: _____ City, State, ZIP _____

Phone: _____ Email: _____

Alumni class of _____

TO DONATE BY CHECK: Please write your check to "Bainbridge Schools Foundation" and mail it, with this form.

DONATION BY CREDIT CARD: Please charge my credit card.

Credit card number: _____ Exp. Date: _____ 3/4 digit CVS number: _____

Tax deductible contribution amount: \$ _____

One time donation _____

Monthly donation: I'd like to pledge \$ _____ over _____ monthly installments.

OTHER DONATION OPTIONS: For information about making Electronic Funds Transfer (EFT), monthly credit card payment options or making a gift or donation of securities, please contact the Bainbridge Schools foundation office at 206.855.0530 or email: schoolsfoundation@bainbridge.wednet.edu

Please check all boxes that apply:

This gift will be matched. Form enclosed.

Gift is in memory of _____ In honor of _____

I would like an acknowledgement sent to _____
(Name/address/city/state/zip)

I / We wish to remain anonymous

I would like to **direct my contribution** to:

All

Grades K-4

Grades 5-8

Grades 9-12

Remedial Reading

Wings (Autism Spectrum Disorder)

STEM (Science, Technology, Engineering and Math)

**The Bainbridge Schools Foundation is a 501 (c) 3 nonprofit corporation. Tax ID # is 91-1427019.
Contributions are tax deductible as permitted by law and a letter of receipt will be mailed.**