

SIERRA CANYON SCHOOL 2009-2010 ANNUAL GIVING CAMPAIGN

I/We support the Annual Giving Campaign and pledge \$ _____ :

- | | | |
|---|---|---|
| <input type="checkbox"/> Trail Blazers** (\$25,000+) | <input type="checkbox"/> Head of School Circle** (\$5,000 to \$9,999) | <input type="checkbox"/> Guardians (\$1,000 to \$1,499) |
| <input type="checkbox"/> Founders** (\$15,000 to \$24,999) | <input type="checkbox"/> Directors* (\$2,500 to \$4,999) | <input type="checkbox"/> Sponsors (\$500 to \$999) |
| <input type="checkbox"/> Benefactors** (\$10,000 to \$14,999) | <input type="checkbox"/> Leaders* (\$1,500 to \$2,499) | <input type="checkbox"/> Supporters (\$250 to \$499) |

** Donors at this level receive an invitation to dinner with the Head of School. * Donors at this level receive an invitation to the Annual Giving Leadership Reception.

- Our payment in full is enclosed here.
- I/We pledge \$ _____ to this year's campaign. Enclosed is \$ _____
Please bill the balance on _____ (before April 2010)
- Charge our donation to my Visa or MasterCard.
Card number _____ Expiration date _____
Name as it appears on card _____
Signature _____
- I/We will transfer appreciated stock. Please call me at (_____) _____ to arrange the transfer.

Acknowledgement of our community's support will be created throughout the campaign.

How would you like your gift to be recognized?

_____ (i.e. Jack and Jill Sierra, Mr. and Mrs. Jack Sierra, The Sierra Family, Jill Sierra)

May we indicate your level of giving? Yes No

Donor Information (Please print) :

Donor Name(s): _____

Donor Street Address: _____

City/State/Zip: _____

Daytime Phone: _____ Email Address(es): _____

Matching Gift:

My employer _____ has a Matching Gift program; this will increase the value of my gift.

Enclosed is the form for processing by the School.

All contributions are tax deductible to the full extent of the law and are acknowledged by written receipt.