



Synergy School

Synergy School Annual Fund

In support of the Synergy School Annual Fund, I/we pledge a total of \$_____.

Please apply my/our gifts to:

_____ Synergy's greatest need
_____ Financial aid
_____ Other _____.

I/we would like to pay by _____ Check _____ Credit card _____ Payroll _____ Other _____.

I/we would like to pay my gift in installments of \$ _____ beginning (date) _____ and paid _____ monthly
_____ set dates.

Please charge my/our _____ Visa _____ MasterCard

Account # _____
Expiration Date _____
Name on Card _____
Signature _____

I/we will make a gift of appreciated assets.

Approximate value \$ _____
Approximate transfer date _____

_____ My gift will be matched by my company. Please send company form.

My/our gift is

_____ In my name
_____ Anonymous
_____ On behalf of _____
_____ In memory of _____

Name(s)

Signature(s) *Date*

Address

Telephone # *Email*

Please make contributions payable to: SYNERGY SCHOOL.

All gifts are fully deductible as provided under Section 170 of the IRS code.