

DONOR INFORMATION



**ALAMO HEIGHTS
SCHOOL FOUNDATION**
Funding teachers. Achieving excellence.

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____ Mobile Home Work

Employer _____

Spouse's Name _____

Spouse's Email _____

Spouse's Employer _____

CHILD INFORMATION

Child's Name _____ School: H W C JS HS Grad

Child's Name _____ School: H W C JS HS Grad

Child's Name _____ School: H W C JS HS Grad

Child's Name _____ School: H W C JS HS Grad

I AM...

- Alumni (Class of ____)
- Grandparent of Student/Graduate
- Parent of Student/Graduate
- AHISD Faculty/Staff
- Friend
- Concerned Citizen

GIVING OPTIONS

- I have enclosed my check payable to *The Alamo Heights School Foundation*.
- Please charge my account for a one-time gift of \$_____.
- Please charge my account for a Mules Monthly gift of \$_____ on the ____ day of the month until I cancel.
- I want to be a *Hero for Heights* with a monthly gift of \$_____ (min. \$100) on the ____ day of the month until I cancel.

CREDIT CARD INFORMATION

Card Type AMEX DISC MC VISA

Card Number _____

Security Code _____ Expiration Date _____

- I wish for my gift to remain anonymous.

MY GIFT IS...

In memory/honor (circle one) of: _____

Please notify: _____

at: _____

PLEASE CONTACT ME

- I would like more information about including the AHSF in my will/estate plans.
- I am interested in making a gift of securities or property.
- My company will match my gift.
Company name: _____