

# 1909 Club Pledge Form

The purpose of the 1909 Club is to recognize total annual giving at the leadership level. This distinction is made at \$10,000+, and can be met through any or all of the options below. Please select those which best suit you. All gifts from July 1, 2024 - June 30, 2025 will qualify.



Full Name(s): \_\_\_\_\_

Recognition Name (Jane Smith, Jane & John Smith, The Smith Family): \_\_\_\_\_

I am a/an (Alum, Parent, Grandparent, etc.): \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## My 1909 Club Involvement

### Teacher Fund

Heroes for Heights: \_\_\_\_\_ /month  
Recurring giving on a monthly basis by automatic withdrawal from bank account (preferred) or credit card. Minimum \$100/month.

One-Time Gift: \_\_\_\_\_ **Teacher Fund Total:** \_\_\_\_\_

### Greater Heights Night (November 6, 2024)

Premier Sponsorship (\$20,000)       Table of 10 (\$6,000)  
 Gold Sponsorship (\$10,000)       Mules Up: \_\_\_\_\_  
 Silver Sponsorship (\$7,500)  
 Family Sponsorship (\$1,500)      **Greater Heights Night Total:** \_\_\_\_\_

### Reunite at Heights (March 30, 2025)

Presenting Sponsorship (\$20,000)       \_\_\_\_\_ Individual Tickets (\$250 each)  
 Mule Sponsorship (\$10,000)  
 Gold Sponsorship (\$5,000)  
 Blue Sponsorship (\$2,500)      **Reunite at Heights Total:** \_\_\_\_\_

### Endowment Pledge/Gift

Annual Endowment Pledge/Gift: \_\_\_\_\_ **Endowment Total:** \_\_\_\_\_

### Employer/Company Matching

My employer will match \$ \_\_\_\_\_ or \_\_\_\_\_ % of my donation.  
All employer-matched donations will contribute toward your \$10,000 threshold. **Matching Total:** \_\_\_\_\_

**Total Pledged Gift Amount:** \_\_\_\_\_

I would like to talk with someone about leaving a legacy gift.

Turn over for payment information

# 1909 Club Payment Details



Please provide your payment details below. For monthly Heroes for Heights payments, we encourage the use of automatic withdrawal from a bank account (they rarely expire and fees are much lower). To pay by check for all other pledges, we will reach out when payment is due, or you may enclose a check for your total pledged amount.

## Bank Account

Account Holder Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

### Heroes for Heights Only:

Please withdraw \$ \_\_\_\_\_ from my account on the \_\_\_\_\_ day of each month until I cancel.

## Credit Card

Card Type:

American Express     Discover     Mastercard     Visa

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date (MM/YY): \_\_\_\_\_

Billing Address (if different from mailing address):

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Heroes for Heights Only:

Please charge my card for \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each month until I cancel.

## Check

- Enclosed is my check for my total pledged gift amount (minus Heroes for Heights).
- I will pay by check upon request/reminder from the Alamo Heights School Foundation.

*I understand that a member of the Foundation staff will call with any questions about my payments.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The security of your personal information is very important to us. Your payment details will be input into our secure system upon receipt of this form. The form will then be destroyed. Please contact us if you have any questions or concerns.