

# East Woods School Donor Information Form

Your support matters, and we thank you for your support!

## Donor Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to EWS: \_\_\_\_\_

Please check this box if you do not wish to have your name published in our donor listing.

Your Spouse's Name: \_\_\_\_\_

Spouse's Relationship to EWS: \_\_\_\_\_

## Gift Information

I would like to give to the:  Annual Fund  
 Other \_\_\_\_\_

## Payment Information

Please provide the amount of your gift: \$ \_\_\_\_\_

Check is enclosed in the amount above.

Please charge my credit card.

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

Credit Card type (Visa or Mastercard only): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ CCV#: \_\_\_\_\_

## Corporate Matching Gifts

Many employers will match charitable gifts given by employees and their spouses. Simply ask your human resources department how you can participate in your organization's corporate matching gift program.

This gift will be matched by my employer \_\_\_\_\_

This gift will be matched by my spouse's employer \_\_\_\_\_

## Honor or Memorial Gifts

Honor Gift in the name of \_\_\_\_\_

Memorial Gift in the name of \_\_\_\_\_

## Planned Giving

Please check here if you would like us to provide you with information on planned giving.