

THE **ENDOWMENT** PROJECT
FOUNDATION

Donation Form

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Gift Information

I would like to make a gift of: \$ _____

Please designate my gift to: The Endowment Project Foundation

Special Purpose: _____

The Fund For _____

Special Purpose: _____

Payment Preference

Check (Please make your check payable to The Endowment Project Foundation or The Fund For (your school's name))

Credit Card (fill out below) Please charge my: **Visa** **MasterCard** **American Express**

Name (as it appears on card): _____

Card number: _____ Exp. Date: ____/____ CVV: _____

Cash _____

My employer will match my gift. Employer name: _____

Additional Information

I would like to learn more about becoming an Alumni Advisor for my high school.

I would like to learn more about including TEPF or my high school in my estate plans.

Donor Recognition

I would like my name to be recognized the following way: _____

I prefer to give anonymously.

Signature: _____ Date: _____

Thank you for your support!