

DONOR INFORMATION

Name _____

Address _____

City/State/Zip _____

Email _____

Phone _____ Employer _____

Spouse's Name _____

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 ☐ AHSD 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 monthly recurring gift of \$ _____ on the 15th of each month until I cancel.

CREDIT CARD INFORMATION

Card type ☐ AMEX ☐ DISC ☐ MC ☐ VISA

Card number _____

Security Code _____ Exp. Date _____

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: _____
☐ I wish for my gift to remain anonymous.