## DONOR INFORMATION

Name(s)
Billing Address
City, State, Zip
Child (1)
Teacher (1)
Child (2)
Teacher (2)
Phone
Email
<ul><li>☐ I would like to remain anonymous</li><li>☐ My employer will match my donation</li><li>☐ Please contact me</li></ul>

## DONATION INFORMATION

Step One: Please select your donation option  ☐ Visionary (All-In Package) \$1000 ☐ Coach \$500 ☐ N ☐ Guide \$100 ☐ Ally \$25 ☐ Any Amount that Fits You	
Step Two: Please select your payment method  ☐ Cash ☐ My check payable to "Grant School Foundation" is enclosed ☐ Credit Card: Giving online is easy, quick and secure. Go to www.grantk8.org or provide your credit card information below	
Step Three: Please select your payment  ☐ Charge the full amount now ☐ Set up recurring donation in equal parts, number of payments: ☐ Set up year round recurring payments in the following amount:	
Visa/MC/Amex: #	_ exp
Signature:	_ CVC#

Deliver to Grant School Office Lockbox or Mail to: Grant School Annual Campaign, Grant K-8, 1425 Washington Place, San Diego, CA 92103

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