

DONOR INFORMATION

Name(s)

Billing Address

City, State, Zip

Child (1)

Teacher (1)

Child (2)

Teacher (2)

Phone _____

Email _____

- I would like to remain anonymous
- My employer will match my donation
- Please contact me



IMAGINE CAMPAIGN DONOR INFORMATION

STEP ONE: Please select your donation option

- SuperGecko (\$2000) Visionary (\$1000)
- Coach (\$500) Mentor (\$300) Guide (\$100)
- Any amount that fits my budget \$ _____



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 full amount now
- Set up recurring donation in equal parts, number of payments: _____
- Set up recurring year round payments in the following amount: _____

VISA/MC/AMEX: # _____
EXP: _____

CVC #: _____

Signature: _____

Deliver to Grant School Office Lockbox or Mail to: **Grant School Annual Campaign, Grant K-8, 1425 Washington Place, San Diego, CA 92103**
Donations may be tax deductible according to Grant School Community Foundation's 501(c)(3) status. (Federal Tax ID: No. 33-0572329)