



Name: *(as you would like it to appear in the WHSF Annual Report)*

Address: _____

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Donor Levels

Benefactors' Circle \$10,000 and Above

Leadership Circle \$7,500 - \$9,999 ● \$5,000 - \$7,499 ● \$3,000 - \$4,999

Scholars' Circle \$1,000-\$2,999 ● \$500 - \$999 ● Up to \$499

I enclose my donation of \$ _____ for the WHSF General Fund.

Make checks payable to: Woodside High School Foundation

You may also donate via PayPal online at: www.whsfoundation.org.

I wish to pay by credit card

Card Number: _____

Exp. Date: _____ CSC _____

Signature: _____

Payment Options: One time: Total amount: \$ _____

Monthly: Amt/Mo. \$ _____ Total: \$ _____

My donation will be matched by (employer name) _____

Please provide required forms.

Please keep my contribution anonymous.

I would like to volunteer my time to help the Foundation. Please put me on your volunteer mailing list.

All donations are tax deductible and greatly appreciated!