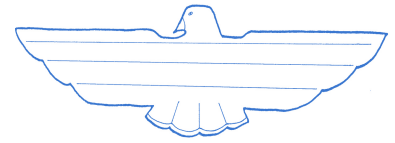


# Skyline Schools Foundation Annual Giving Form



Prefer to make your gift or pledge online? Please view [www.skylineschools.org](http://www.skylineschools.org).

## TYPE OF DONATION

**Single Contribution**

I/We wish to make an outright gift of \$\_\_\_\_\_ payable to the "Skyline Schools Foundation" (check enclosed).

Please charge this gift of \$\_\_\_\_\_ to my/our credit card.

*A Skyline Schools Foundation representative will contact you by phone for your credit card information. A credit card gift may be affected by service charges. For more information, call the Skyline Schools office at 620-672-5651 or 888-413-0733.*

**Recurring Gift**

I/We promise to make my/our gift in equal installments of \$\_\_\_\_\_ beginning in \_\_\_\_\_ (month/year) for a total amount of \$\_\_\_\_\_.

I/We intend to make payments:  Weekly  Monthly  Semi-annually  Annually

I/We intend to pay by  Credit Card  Electronic fund transfer(EFT)  Check

*A Skyline Schools Foundation representative will contact you by phone for your credit card information or bank account information. A credit card gift may be affected by service charges. For more information, call the Skyline Schools office at 620-672-5651 or 888-413-0733.*

## GIFT DESIGNATION

I/We wish my/our gift to be used:  For general school district needs  
 For the specific area of \_\_\_\_\_

## DONOR INFORMATION - *Help us keep your information up to date!*

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred Email \_\_\_\_\_

Preferred Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Business Address \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

City, ST, ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

**Did you know if someone in your household works for a matching gift employer, you can double and sometimes triple the impact of your gift?** Help us reach our goal of Fifty x Fifty in matching gifts from Skyline supporters. Contact the Skyline Schools Foundation for more information.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

FAX completed form to 620-672-9377 or

EMAIL completed form to [mdomsch@skylineschools.org](mailto:mdomsch@skylineschools.org) or

Mail completed form to Skyline Schools Foundation, 20269 W. Highway 54, Pratt KS 67124