



Name: _____
 Address: _____
 City/State: _____ Zip: _____
 Email: _____ Phone: _____



Invest
in my
future!

I will help ASF reach its \$300,000 granting goal with a ___ \$300 gift (\$25/month) or a ___ \$ 600 gift (\$50/month)
If desired, set up recurring payments through the multiple installments option below.

I prefer to help with my general donation of (please write amount):

Friend \$1 - \$99 \$ _____ Champion \$300 - \$599 \$ _____ Valedictorian \$1000 - \$4999 \$ _____

Mentor \$100 - \$299 \$ _____ Graduate \$600 - \$999 \$ _____ Scholar \$5000 + \$ _____

ONE-TIME PAYMENT OPTION

• **Pay Now...**

- My full donation by check is enclosed
- Charge my donation to the CC below today

• **Pay Later...**

- I will send a check on _____ (date)
- Charge my credit card on _____ (date)

MULTIPLE INSTALLMENTS OPTION

• **Payment timing & amount:** I'll make multiple payments of \$ _____ each:

- monthly quarterly semi-annually

• **Pledge duration:** Continue payments until I notify you to stop
 (choose one) I would like to make _____ (#) payments

• **Payment Methods:**

- Please charge my payments to the CC listed below (MC - Visa - Am Exp - Disc)
- Please deduct payments from my bank acct (please include a voided check)
- I'll send payments by check – please send reminder coupons 1st pymt enclsd

Credit Card #: _____ Expires: _____

Signature for CC: _____ Card Security Code: _____

MC, Visa, Disc
3-digit code
on back

Am Exp 4-digit
code on front



Please return this form to: Ashland Schools Foundation, 100 Walker Avenue, Ashland, OR 97520

Phone: 541-482-8197

EMAIL: ashland.foundation@ashland.k12.or.us

Donate on the web at: www.ashlandschoolsfoundation.org