



DONOR INFORMATION

Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  work  home

Preferred Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

MMSD affiliation (check all that are applicable)

- Alumni  Parent/grandparent of student or alum  Faculty/staff  Friend

Schools: \_\_\_\_\_

GIFT INFORMATION

- \$5,000  \$2,500  \$1,000  \$500  \$100  Other: \$ \_\_\_\_\_

My gift is  in honor of  in memory of \_\_\_\_\_ (name). \*\*

PAYMENT INFORMATION

- Pay Now by check payable to Madison Public Schools Foundation. Send to: 2005 W. Beltline Highway, Suite 203, Madison WI 53713

- Charge my Credit Card  Visa  MC  AmEx  Discover
Name as it appears on card: \_\_\_\_\_
Card Number: \_\_\_\_\_ CVV: \_\_\_\_\_
Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

DIRECT MY GIFT

- To the Foundation to use where most needed
 To School Endowment Fund named below
 To Designated Endowment Fund named below
 To Area of Interest Fund named below

FUND NAME: \_\_\_\_\_

DONOR RECOGNITION INFORMATION

For recognition purposes:

- Please list my/our name as: \_\_\_\_\_
 I/we wish to remain anonymous. Do not acknowledge my donation publicly.

ADDITIONAL GIFT & DONOR INFORMATION

- I/we will seek an employer matching gift.
 Yes, I/we have included the Madison Public Schools Foundation in my/our estate plan.
 Please contact me/us about making a gift in my will or estate plan.

\*\* For honor or memorial gifts:

Thank you for making a gift in honor or memory of a loved one, friend or acquaintance. Please provide contact information below if you would like us to send a tribute or memorial letter.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Thank you for your generosity.