Synergy School

Synergy School Annual Fund

In support of Synergy School Annual Fund,
I/we pledge a total of $_____.

Please apply my/our gift to:
_____ Synergy's greatest need
_____ Financial Aid
_____ Other _____

I/we would like to pay my gift by ___ check ___ credit card ___ other_____

I/we would like to pay my gift in installments of $_____ beginning (date) _____ and paid _____ monthly _____ set dates.

Please charge my/our ___ Visa ___ Mastercard
Account #_____
Exp. Date_____
Name on card_____
Signature _____

I/we will make a gift of appreciated assets.
Approximate value $ _____
Approximate transfer date _____

___ My gift will be matched by my company. Please send company form.

My/our gift is
___ in my name
___ anonymous
___ on behalf of _____
___ in memory of _____

_____
Name(s)
_____
Signature(s) Date
_____
Address
_____
Telephone # email

Please make contributions payable to: SYNERGY SCHOOL.
All gifts are fully deductible as provided under Section 170 of the IRS code.