



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Class Year: \_\_\_\_\_ GHS CDS GHCD

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Primary Affiliation: (circle all that apply)

Current Parent Alumni Parent of Alumni Grandparent Faculty Friend

Gift Amount: \_\_\_\_\_ I prefer my gift to be anonymous:

My company will match my gift:

Recognition Name for Annual Report: \_\_\_\_\_

### LEVELS OF GIVING

#### Leadership Giving:

\$25,000+	Innovator
\$15,000 - \$24,999	Cornerstone
\$10,000 - \$14,999	Steward
\$5,000 - \$9,999	Leader
\$2,500 - \$4,999	Advocate
\$1,000 - \$2,499	Patron

#### Other Giving Levels:

\$500 - \$999
\$250 - \$499
Up to \$249

### PAYMENT INFORMATION

Check enclosed made payable to GHCD.

Please charge my  VISA  MasterCard  Discover Card

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_