



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: \_\_\_\_\_