



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

\$25,000+	Innovator
\$15,000 - \$24,999	Champion
\$10,000 - \$14,999	Steward
\$5,000 - \$9,999	Leader
\$2,500 - \$4,999	Advocate
\$1,000 - \$2,499	Patron
\$0 - \$999	Friend

PAYMENT INFORMATION

Check enclosed made payable to GHCD.

Please charge my VISA MasterCard Discover Card

Card # _____ Exp. Date _____ / _____

Signature: _____