



# DONATION FORM

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

Address: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alumni class of \_\_\_\_\_

**TO DONATE BY CHECK:** Please write your check to "Bainbridge Schools Foundation" and mail it, with this form.

**DONATION BY CREDIT CARD:** Please charge my credit card.

Credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3/4 digit CVS number: \_\_\_\_\_

Tax deductible contribution amount: \$ \_\_\_\_\_

One time donation \_\_\_\_\_

Monthly donation: I'd like to pledge \$ \_\_\_\_\_ over \_\_\_\_\_ monthly installments.

**OTHER DONATION OPTIONS:** For information about making Electronic Funds Transfer (EFT), monthly credit card payment options or making a gift or donation of securities, please contact the Bainbridge Schools foundation office at 206.855.0530 or email: [schoolsfoundation@bainbridge.wednet.edu](mailto:schoolsfoundation@bainbridge.wednet.edu)

**Please check all boxes that apply:**

This gift will be matched. Form enclosed.

Gift is in memory of \_\_\_\_\_ In honor of \_\_\_\_\_

I would like an acknowledgement sent to \_\_\_\_\_  
(Name/address/city/state/zip)

I / We wish to remain anonymous

I would like to **direct my contribution** to:

All

Grades K-4

Grades 5-8

Grades 9-12

Remedial Reading

Wings (Autism Spectrum Disorder)

STEM (Science, Technology, Engineering and Math)

**The Bainbridge Schools Foundation is a 501 (c) 3 nonprofit corporation. Tax ID # is 91-1427019.  
Contributions are tax deductible as permitted by law and a letter of receipt will be mailed.**