



Name: _____

Address: _____

City/State: _____ Zip: _____

Email: _____ Phone: _____



I will help ASF cultivate Excellence in our schools with a ___ \$25/month gift (\$300 total) or a ___ \$50/month gift (\$600 total)
Set up recurring payments through the multiple installments option below.

I prefer to help with my general donation of (please write total amount – set up payments if desired):

Friend (\$1-\$99)	\$ _____	Champion (\$300-\$599)	\$ _____	Valedictorian (\$1,000-\$4,999)	\$ _____
Mentor (\$100-\$299)	\$ _____	Graduate (\$600-\$999)	\$ _____	Scholar (\$5,000+)	\$ _____

ONE-TIME PAYMENT OPTION

Pay Now...

My full donation by check is enclosed

Charge my donation to the CC below today

Pay Later...

I will send a check on _____ (date)

Charge my credit card on _____ (date)

MULTIPLE INSTALLMENTS OPTION

Payment timing & amount: I'll make multiple payments of \$ _____ each:

monthly quarterly semi-annually

Pledge duration (choose one): Continue payments until I notify you to stop

I would like to make _____ (#) payments

Payment Methods:

Please charge my payments to the CC listed below (MC, Visa, Am Exp, Disc)

Please deduct payments from my bank acct (please include a voided check)

I'll send payments by check – please send reminder coupons 1st pymt enclsd

Credit Card #: _____ Expires: _____

Signature for CC: _____ Card Security Code: _____

MC, Visa, Disc
3-digit code on back

Am Exp 4-digit code
on front



Please return this form to: Ashland Schools Foundation, 100 Walker Avenue, Ashland, OR 97520
Phone: 541-482-8197 **Email:** ashland.foundation@ashland.k12.or.us **Donate on the web at:** www.ashlandschoolsfoundation.org