Annual Appeal for Lowell

Donor Groups: (suggested minimum donation	is \$1,000)				
 \$25,000 and over Platinum \$10,000 - \$24,999 Gold Circle \$5,000 - \$9,999 Bronze Circle 	□ \$1,000 - \$2,499	Sponsor	□ \$100 - \$49 □ \$1 - \$99		
Enclosed is my one-time check in the amoun	t of \$, made payable to	THE LOWELL	SCHOOL. All gifts are tax-deductible	e.
☐ I will pay weekly/monthly (circle one) instal					
Credit Card:					
☐ I wish to pay one-time by credit card in the a	amount of \$				
☐ I authorize The Lowell School to charge my					
Credit Card Information:	create card monany in	2 10			
Name on Card:	(ard number		71.0.1	
□Visa □MasterCard □AmEx □Disc	cover I	Expiration date	//	Zip Code	
Authorized Signature:					
1	Co	ntact Informa	ation		
Please Print Clearly;					
Name: (As it should appear in the Annual	Report, and check	off your affiliation	on with Lowell.)		
				*	
☐ Current Parent/Family ☐ Past Parent ☐ Gr ☐ I wish to donate anonymously.					
 □ I wish to donate In Honor/ In Men □ I am eligible for a matching corpo 	nory of (circle one)	he matching gift fo	rm		
-			1111.		
Address:City/State:			Zip code:		
	Business Telephone:				
mail: Home/Business Fax:					
Company Name:					
Company Address:			71	7 1	
Position/Title:					

All gifts to The Lowell School are tax-deductible. Lowell's fiscal year ends on June 30th.

PLEASE VISIT OUR WEB SITE: www.thelowellschool.com