

Annual Appeal for Lowell

Donor Groups: (suggested minimum donation is \$1,000)

- | | | |
|--|--|--|
| <input type="checkbox"/> \$25,000 and over Platinum | <input type="checkbox"/> \$2,500 - \$4,999 Silver Circle | <input type="checkbox"/> \$100 - \$499 Partner |
| <input type="checkbox"/> \$10,000 - \$24,999 Gold Circle | <input type="checkbox"/> \$1,000 - \$2,499 Sponsor | <input type="checkbox"/> \$1 - \$99 Supporter |
| <input type="checkbox"/> \$5,000 - \$9,999 Bronze Circle | <input type="checkbox"/> \$500 - \$999 Associate | |

Enclosed is my one-time check in the amount of \$ _____, made payable to **THE LOWELL SCHOOL**. All gifts are tax-deductible.

I will pay weekly/monthly (circle one) installments in the amount of \$ _____

Credit Card:

- I wish to pay one-time by credit card in the amount of \$ _____
- I authorize The Lowell School to charge my credit card monthly in the amount of \$ _____

Credit Card Information:

Name on Card: _____ Card number _____

Visa MasterCard AmEx Discover Expiration date ____/____/____ Zip Code _____

Authorized Signature: _____

Contact Information

Please Print Clearly:

Name: (As it should appear in the **Annual Report**, and check off your affiliation with Lowell.)

Current Parent/Family Past Parent Grandparent(s) Alumni Board Member Staff Friend Corporate Sponsor

I wish to donate anonymously.

I wish to donate In Honor/ In Memory of (circle one) _____

I am eligible for a matching corporate gift, enclosed is the matching gift form.

Address: _____

City/State: _____ Zip code: _____

Home Telephone: _____ Business Telephone: _____

Email: _____ Home/Business Fax: _____

Company Name: _____

Company Address: _____

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