



# 2016-17 Annual Giving Campaign General Donation Form

## Donor Information

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (Primary)	
E-Mail	

## Donation Information

I (we) donate a total of \_\_\_\$2000 \_\_\_\$1000 \_\_\_\$500 \_\_\_\$250 \_\_\_\$100 \_\_\_\$50 \$\_\_\_\_\_ other

I (we) made this contribution in the form of: \_\_\_ Cash \_\_\_ Check \_\_\_ Charged on site \_\_\_ via Paypal thru the CHML website. Please make checks payable to: CHM PTSO

Gift will be matched by \_\_\_\_\_(company/family/foundation). Matching Gift Form \_\_\_ Enclosed \_\_\_ Will Be Forwarded Later.

## Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

\_\_\_\_\_ I (we) wish to have our gift remain anonymous.

**After completing this form, deposit it and your donation (if applicable) in the PTSO box in the school office. Thank you for your support!**