



is an **endowment fund** that supports excellence in education by funding enhancements to teaching and learning in East Grand Rapids Public Schools.

1 I/We support EGRFOREVER!

Name(s) for recognition in the EGRSF newsletter

Address

City

State

Zip Code

Email

Phone

East Graduate(s)/Class Year(s)

2 Please accept my tax-deductible gift/pledge of:

- Lead Supporter \$20,000+ Sustainer \$2,500+
 Ambassador \$10,000+ Patron \$1,000+
 Benefactor \$5,000+ Friend \$_____

3 Payment options:

- One-time payment (check enclosed or credit card) in the amount of \$_____
 Payment over five years, with a first payment (check enclosed or credit card) of \$_____

Please charge my credit card in the amount of \$ _____

Visa MasterCard Discover Credit Card # _____ Exp. Date _____

4 Honoring and Remembering:

- I/We wish to **honor** a special person with this gift.
- I/We wish to **remember** a special person with this gift.

Name(s)

5 My employer has a matching gift plan and I have completed the necessary form.

Employer Name

6 Legacy Society and non-cash gifts:

- I/We wish to be part of the Legacy Society by including EGRSF in my/our estate plans.
- Please send information about the Legacy Society and how to include EGRSF in estate planning.
- I/We wish to make a non-cash gift.

Please make checks payable to:

The East Grand Rapids Schools Foundation
2915 Hall Street SE | East Grand Rapids, MI 49506
or donate online at www.egrfsf.org

The East Grand Rapids Schools Foundation is a 501(c)(3) non-profit organization and your gift is tax deductible in accordance with current IRS code.



is an **annual fund** that supports the immediate programs or projects of the East Grand Rapids Public Schools.

1 I/We support EGRNOW!

Name(s) for recognition in the EGRSF newsletter

Address

City

State

Zip Code

Email

Phone

East Graduate(s)/Class Year(s)

2 Please accept my tax-deductible gift of:

\$100 \$250 \$500 \$1,000 + Other _____

Young Alumni (graduated in the last 10 years) \$ _____

Check enclosed in the amount of \$ _____

Please charge my credit card in the amount of \$ _____ one time monthly annually

Card Type: Visa MasterCard Discover

Credit Card # _____ Exp. Date _____

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 - I/We wish to **remember** a special person with this gift.
-

Name(s)

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