

With your generosity, the Holly Academy Education Foundation will provide expanded educational opportunities year after year.

Together, big and small, your contributions will endow our children's futures.



Name _____

Name (as you want printed in recognitions) _____

Address _____

City, State _____ Zip Code _____

Phone _____

Email _____

I would like my donation to remain anonymous

<input type="checkbox"/> \$5,000 HERO	<input type="checkbox"/> \$1,500 VISIONARY	<input type="checkbox"/> \$500 CHAMPION	<input type="checkbox"/> \$250 BUILDER	<input type="checkbox"/> \$100 LEADER	<input type="checkbox"/> Any \$\$ FRIEND
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- My gift is a three year pledge of \$_____ per year.
- My gift is a one time donation.
- My tax-deductible check is enclosed, made payable to: **Holly Academy**
- I have submitted a matching gift request to my employer: _____
Employer Name

I am a Holly Academy...

- Parent Staff Member Alumni
- Family Member Community Supporter

OPTIONAL

This gift is in: Honor of Memory of

Name (please print) _____

Please acknowledge this gift (but not the amount) to:

Name _____

Address _____

City, State _____ Zip Code _____

Relationship _____

