

Donor Information (please print or type)

Name	
Organization	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Donation Information

I (we) pledge a total of \$ _____ to be paid:
 ___ now ___ monthly ___ quarterly ___ yearly

Gift will be matched by _____ (company/family/foundation).
 ___ form enclosed ___ form will be forwarded

I want to remember someone special:
 ___ In memory of ___ In honor of

Name of individual to be remembered:

Please use my donation to support the following program or scholarship:

I (we) wish to have our gift remain:

___ Anonymous ___ Your name only ___ Company name only ___ Your name and Company name

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Foundation for Fort Mill Schools
 P O Box 476
 Fort Mill SC 29716