Amplify YOUR SUPPORT



Select a Partner level **ANNUAL GIVING CAMPAIGN JULY 1 2024 - JUNE 30 2025 PILLAR \$20.000** (Pledges must be made by October 15, 2024 to be eligible for all recognition) à la carte items **FOUNDER \$10,000** SUMMER DAY CAMP SCHOLARSHIP (\$1500 EACH) VISIONARY \$7,500 ACADEMIC SCHOLARSHIP (\$1,000 EACH) TEACHER GRANT (\$1,000 EACH) INNOVATOR \$5,000 VOCATIONAL SCHOLARSHIP (\$1,000 EACH) AMBASSADOR \$3,000 **BOOK VENDING MACHINE TITLE SPONSOR ADVOCATE \$1500** STEWARD \$500 \$ AMOUNT: \$2,500 HALF YR/\$5,000 FULL YR FIRST CHOICE SCHOOL

DONOR INFORMATION

DONOR/BUSINE	SS OWNER NAME:					EMA	JL:			
BUSINESS NAME: (HOW YOU WANT TO BE LISTED FOR RECOGNITION)										
ADDRESS:					CITY:			STATE:	ZIP:	
(Please use address where tax receipt should be mailed)										
POINT PERSON NAME:					PHONE:			EMAIL:		
									(this email will rece	ive event digital tickets
PARTNER LEVEL:		С	HECK ENCLOSED:	#		CSISD Educati		ion -O	R- INV	OICE ME
CREDIT CARD#:						EXP DATE	i:		SECURITY CODE	:
Please add 3% for credit card processing fee to my total										
PAYMENT SCHEDULE: ANNUALLY QUARTERLY MONTHLY (ONLY IF USING CREDIT CARD PAYMENT)										
SIGNATURE:										