

# EASDEF Gift Form



## DONOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Acknowledge gift in the following way \_\_\_\_\_

*I wish for my gift to remain anonymous*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## GIFT INFORMATION

This gift will be paid to the Elkhorn Area School District Education Foundation in the following manner:

**One-time** gift in the amount of \$ \_\_\_\_\_

**Monthly** gift charged to my credit card or deducted from my bank account \$ \_\_\_\_\_ per month

**Pledge**

I (we) pledge \$ \_\_\_\_\_ (*Minimum pledge is \$250; Maximum payment schedule is five years*)

I (we) will make payments in the amount of \$ \_\_\_\_\_ over \_\_\_\_\_ years, beginning \_\_\_\_\_  
*(month, year)*

Enclosed is my first pledge payment of \$ \_\_\_\_\_

## PAYMENT METHOD

Personal check made payable to the Elkhorn Area School District Education Foundation (EASDEF) is enclosed (*for one-time gifts*)

Cash (*for one-time gifts*)

Credit card (*for either one-time gifts or on-going monthly gifts*)

\_\_\_\_\_  
Card number  Visa  MasterCard  American Express  Discover \_\_\_\_\_  
*Expiration Date*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return completed form to:  
Elkhorn Area School District Education Foundation  
3 N Jackson Street, Elkhorn, WI 53121