

Annual Appeal Donor Form

Name(s): _____
Please indicate name(s) as you would like it/them to appear in Annual Report and on website.



I/we wish to remain anonymous Donation in honor of _____

Donation in memory of _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Alumnus/a of SCSD class of _____ Maiden Name _____

**We invite you to join us in advancing our mission.
Your gift will positively impact the education of our community's children.**

Giving Levels:

- Friend \$0 – \$99
- Honor Roll \$100 – \$249
- Scholar \$250 – \$499
- Valedictorian \$500 – \$999
- Advocate \$1,000 – \$4,999

Please make checks payable to the
Skaneateles Education Foundation

PO Box 16, Skaneateles, New York 13152
315-291-2212 • skanedfoundation.org

The Skaneateles Education Foundation is a 501(c) (3) Not-for-Profit charitable organization. Your contribution is tax deductible in accordance with the regulations of the Internal Revenue Service.

Payment Method:

I/we would like to make a donation of \$ _____ using:

Check Mastercard Visa PayPal online at www.skanedfoundation.org

CREDIT CARD # _____ Exp: _____

CVC: _____ SIGNATURE _____

You may designate your gift for one or more priorities:

\$ _____ Fund for Greatest Priority \$ _____ STEM Fund

\$ _____ Jean Graham Fund \$ _____ Endowment Fund

My company _____ will match my gift.

Please contact me about:

Donating securities and/or planned giving Volunteer Opportunities