



Skaneateles Education Foundation

THE SEF ANNUAL FUND

GIVE ONLINE AT SKANEDFOUNDATION.ORG/DONATE

LEVELS OF GIVING

- Friend \$1 – \$99
 - Honor Roll \$100 – \$249
 - Scholar \$250 – \$499
- Join the Academic Circle with a gift of \$500+**
- Valedictorian \$500 – \$749
 - Advocate \$750 – \$999
 - Partner \$1,000 – \$2,499
 - Leadership Level \$2,500 and above

I would like to make a sustaining gift in the amount of \$_____ recurring monthly/annually.

I would like my gift to remain anonymous.

Make my gift in Memory/Honor (circle one) of:
Name: _____

Notificant Info: _____

My gift will be matched by my employer:
Company name: _____

Anticipated MG amount: \$ _____

I am interested in learning more about giving stock or securities, making a planned gift or bequest, or putting SEF in my will. Please contact me.

I am interested in Volunteer Opportunities or Board Membership. Please contact me.

Please complete the following information:

Recognition Name: _____

Address: _____

Phone: _____

Email: _____

Organization: _____

Skan Alum? Year?: _____

Maiden Name: _____

Electronic correspondence saves SEF resources. Please consider sharing your email address and phone number if they are not already on file.

My/Our donation is for:

- Fund for Greatest Priority - Unrestricted
- Dr. John T. Freedman Fund
- Jean Graham Fund
- STEM Fund - Restricted
- ARTS Fund - Restricted
- SEF Endowment Fund - Restricted

Unless otherwise noted, your gift will be directed to the SEF Fund for Greatest Priority. Please direct any questions to the Foundation staff at heather@skanedfoundation.org or 315-291-2212. Thank you for your support!

SEF is a 501(c)(3) nonprofit charitable organization. Your gift is tax-deductible to the extent allowed by law.

Make checks payable to Skaneateles Education Foundation
P.O. Box 16
Skaneateles, NY 13152

Credit card, sustaining and recurring gift can be securely made online at skanedfoundation.org/donate

Charge my gift to my credit or debit card: \$ _____

Name on card: _____ **Card number:** _____

Expiration date: _____ **Security code:** _____ **Billing zip code:** _____