



Temple Grandin Annual Fund Contribution Form

Name(s): _____

Address: _____

Phone: (w) _____ (h) _____ (c) _____

Email: _____

Yes! I will support the Temple Grandin Annual Fund this year with a gift of:

_____ \$2,500 _____ \$500 _____ \$100

_____ \$1,000 _____ \$250 _____ Other

I would like my Annual Fund gift to support the following area(s):

_____ Area of greatest need _____ Tuition Assistance

_____ Faculty Support _____ Plus One Program (Enrichment Activities)

_____ Facility _____ Technology

Cash enclosed

Check enclosed (payable to Temple Grandin School)

Charge my Credit Card: MasterCard Visa Discover AmEx

Credit Card #: _____ Expiration: _____ CVV Code: _____

Name on Card: _____

Signature: _____

**SIGNATURE REQUIRED FOR ALL PLEDGE AND CREDIT CARD TRANSACTIONS*

I would like to give anonymously, with **no public recognition**.

- or -

Name as you would like it to appear **for public recognition purposes:**

THANK YOU FOR YOUR CONTRIBUTION!

Questions?

*Contact Leslie Levinson, Business Manager at (303) 554-7363, or levinson.leslie@templegrandinschool.org.
Please return this form to Temple Grandin School, Development Office, 3131 Indian Road, Boulder, CO 8030.*