

Name(s): _____

(As you wish your name it to appear on donor recognition lists and the Annual Report.)

___ I wish my name to appear in the Annual Report as Anonymous

Total Pledge Amount \$ _____

Please direct my donation towards (optional)

___ Where the school feels it is most needed

___ Tuition Assistance to help more families afford a Saklan education

___ Increased Field Experience / Guest Experts

___ Outdoor Facilities and Learning Environments

___ Teacher Professional Development

Annual Fund Giving Levels:

Up to \$999

\$1,000 - \$2,499

\$2,500 - \$4,999

\$5,000 - \$9,999

\$10,000+

Courageous

Confident

Creative

Connected

Compassionate

Pledge/Payment Methods

___ **Check**

I/We pledge the above amount to the [2019-20 Annual Giving Fund](#) to be paid by January 15th.
Submit to the Business Office with this form.

___ **Online/Credit Card**

Please fulfill your pledge online with a credit card by clicking "Donate Online" in the drop-down menu under "Giving" on the top menu bar of our home page: www.saklan.org

Note: With online giving, you have the option to set up recurring payments that allow you to pay for your donation over several months.

Corporate Matching

___ My/Our employer participates in a matching gift program.

___ I am unsure if my/our employer participates in a matching gift program.

Name(s) of Employer _____

Signature _____ Date: _____

Phone _____

Thank you for Building Our Future Together!

