



I want to invest in our future by making a charitable contribution to the Highland Education Foundation.

Our gift to the Foundation will be \$_____.

Visa Mastercard Account # _____ Expiration Date _____

Our tax deductible gift is enclosed in the amount of \$_____

We wish to pay our pledge in _____ installments of \$_____

I would like to join the Visionary Club by making a pledge to donate this amount for each of the next three (3) consecutive years. Donors at this level receive recognition for their cumulative pledge (min. \$1,000 pledge over 3 years).

Name: _____ Phone: _____

Company: _____ E-mail address: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signature: _____ Date: _____

Name as it should appear in publications: _____ We do not wish to have our name publicly released.

Make your check payable to the Highland Education Foundation
9145 Kennedy Avenue ~ Highland, IN 46322

If you have any questions, please contact Judi Caddick at (219) 923-7621.

Thank you for making a difference!

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

I am interested in receiving more information about donation opportunities and/or the Highland Education Foundation.
