



GIVING FORM

Name _____

Alumnus /Class of ____ Current Parent ____ Parent of an Alumnus ____ Grandparent ____

Friend ____ Other _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Cell Phone _____ E-mail _____

Gift Designation:

\$ _____ Annual Fund \$ _____ Designated

Specify Designation Here: _____

Pledge:

I will contribute \$ _____ monthly for the next _____ months as designated above for a total pledge of \$ _____.

Payment Method:

Check/Money Order ____

Credit Card ____ Card Number _____ Exp. Date _____ Security Code ____

Name _____

Electronic Funds Transfer ____ If using this option, please contact Debbie Todd at 540-946-7716 for more information.

Matching Gift:

The following organization(s) will match my gift/pledge: _____

____ I will provide the appropriate forms.

____ This is a memorial gift in honor of: _____

____ Please keep my gift anonymous

____ Please have someone contact me regarding **planned giving** options (e.g., bequests, trusts).

Mail this form to: **Fishburne Military School, 225 S Wayne Avenue, Waynesboro, VA 22980.**

Thank you for supporting Fishburne Military School and the Corps of Cadets.