

Make A Gift

Name _____ Class of _____

Current Parent Parent of an Alumnus Grandparent Friend

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell Phone _____ Email _____

One-Time Gift

Annual Fund \$ _____ OR

Designated Fund \$ _____ Apply my gift to _____

Monthly Gift Pledge

I will contribute \$ _____ a month for the next _____ months for a total pledge of \$ _____

Apply my gift to _____

Payment Method

Credit Card

Name _____

Number _____ Exp. Date _____

OR Check \ Money Order Electronic Funds Transfer

If using the electronic funds transfer option, please contact the Development Office at (540) 946-7700 x119.

Matching Gift

The following organizations \ companies will match my gift \ pledge _____

_____ I will provide the appropriate forms

Additional Information

This is in memory \ honor of _____

Keep my gift anonymous

Contact me regarding planned giving options (e.g., bequests, trusts).

Mail this form to: Fishburne Military School
225 South Wayne Avenue, Waynesboro, VA 22980

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

