

THE
DOANE STUART
SCHOOL
GIFT/PLEDGE FORM



PLEASE FAX OR MAIL THIS FORM TO:
THE DOANE STUART SCHOOL
DEVELOPMENT OFFICE
199 WASHINGTON AVE.
RENSSELAER, NY 12144

FAX: (518) 465-5230

PLEASE CALL THE
DEVELOPMENT OFFICE @
(518) 465-5222 EXT. 248
WITH ANY QUESTIONS.

WWW.DOANESTUART.ORG

NAME _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
EMAIL ADDRESS: _____
PHONE: 518-356-6788 I/WE WISH TO REMAIN ANONYMOUS
IN PUBLISHED LISTS.

MY/OUR GIFT/PLEDGE: \$ _____

- CHECK ENCLOSED (MAKE PAYABLE TO THE DOANE STUART SCHOOL)
- CREDIT CARD (COMPLETE CREDIT CARD INFORMATION SECTION)
- STOCK (DOANE STUART WILL CONTACT YOU WITH INSTRUCTIONS)
- PLEDGE (COMPLETE PLEDGE INFORMATION SECTION)

AMOUNT ENCLOSED (WITH PLEDGE FORM): \$ _____

BALANCE TO BE PAID (CHOOSE ONE):

MONTHLY ENTIRE BALANCE BY JUNE 30:

OTHER: _____

MATCHING GIFTS & PLANNED GIVING:

- MY COMPANY (OR MY SPOUSE'S COMPANY) HAS A MATCHING GIFT PROGRAM AND I HAVE INCLUDED THE APPROPRIATE FORM.
- I WOULD LIKE TO INCLUDE DOANE STUART IN MY WILL. PLEASE SEND ME MORE INFORMATION.

CREDIT CARD INFORMATION

MASTER CARD VISA

CARD NUMBER: _____ EXPIRATION DATE: _____

CHARGE MY CARD WITH TOTAL GIFT AMOUNT (LISTED ABOVE).

DIVIDE TOTAL GIFT AMOUNT INTO _____ MONTHLY INSTALLMENTS.

SIGNATURE: _____

Thank you for your support!

