



Horizons AustinTrinity 2019-20 DONATION/PLEDGE FORM

Horizons AustinTrinity Donation Amount \$ _____

Business/Personal Name: _____

Please list how you would like your name to be published materials:

Contact Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Enclosed please find my check made payable to "Trinity Episcopal School" in the amount of \$ _____.

Please charge my payment to: _____ Visa ___ MasterCard ___ Amex ___ Discover
in the amount of \$ _____.

Card #: _____ CVV Code: _____ Expiration Date: _____ **OR**

I prefer to pay online at: <https://giving.veracross.com/tes/HorizonsAustinTrinity>

___ I would like to make this a pledge. Please send me pledge reminders starting:

(Date) _____

___ My company will match my donation.

Name of company: _____

Special Instructions:

Donor signature _____ Date: _____

We kindly request final payments to be made by March 1, 2020.

Please complete this form and send to:

**Trinity Episcopal School, 3901 Bee Cave Road, Austin, TX 78746
ATTN: Taylor Fry; fax to 512-472-2337; or email tfry@austintrinity.org**

Thank you for your support of Trinity Episcopal School!

Your donation will be tax-deductible to the extent allowed by law. **TAX ID# 74-2918235**