

# ISI COVID-19 Emergency Response Fund

I pledge and agree to pay **International School of Indiana** the total sum of \$\_\_\_\_\_ to benefit the school's COVID-19 Emergency Response Fund. The fund provides financial assistance for tuition and related educational expenses for the 2020-21 school year, support for international faculty, and allows ISI to invest in new health and safety measures for both campuses.

Please select one of the following:

<p><b>One-time gift by check, credit card, or stock transfer* of</b></p> <p>\$_____ submitted on (amount)</p> <p>_____/_____/_____ (month / day / year)</p> <p><small>*Stock transfer forms are available upon request.</small></p>	<p><b>Recurring monthly payment by credit card</b></p> <p><small>Multi-month recurring credit card payments will be scheduled according to the provided information. Please complete the below schedule based on the number of installment months and preference.</small></p> <table style="width: 100%;"> <tr> <td rowspan="5" style="vertical-align: middle;">\$_____ to be paid (installment amount)</td> <td>5/___/2020</td> <td>10/___/2020</td> <td>3/___/2021</td> </tr> <tr> <td>6/___/2020</td> <td>11/___/2020</td> <td>4/___/2021</td> </tr> <tr> <td>7/___/2020</td> <td>12/___/2020</td> <td>5/___/2021</td> </tr> <tr> <td>8/___/2020</td> <td>1/___/2021</td> <td>6/___/2021</td> </tr> <tr> <td>9/___/2020</td> <td>2/___/2021</td> <td></td> </tr> </table> <p>for _____ months. (# of months)</p> <p><small>Fields reflect (month / day / year). All payments must be complete no later than 6/30/2021</small></p>	\$_____ to be paid (installment amount)	5/___/2020	10/___/2020	3/___/2021	6/___/2020	11/___/2020	4/___/2021	7/___/2020	12/___/2020	5/___/2021	8/___/2020	1/___/2021	6/___/2021	9/___/2020	2/___/2021	
\$_____ to be paid (installment amount)	5/___/2020		10/___/2020	3/___/2021													
	6/___/2020		11/___/2020	4/___/2021													
	7/___/2020		12/___/2020	5/___/2021													
	8/___/2020		1/___/2021	6/___/2021													
	9/___/2020	2/___/2021															

*If additional arrangements are needed, please contact our staff.*

## Donor(s) Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Matching Gift:** If your employer offers a matching gift program, you may be able to increase your contribution. Please include a matching gift form with payments. My (our) gift will be matched by:

\_\_\_\_\_

**Please note any special instructions regarding gift:**

\_\_\_\_\_

\_\_\_\_\_

## Recognition:

- List my name on donor list as:  
\_\_\_\_\_
- Check if you prefer to remain anonymous, with no inclusion in public listings.

**Please mail all forms and payment to:**

International School of Indiana  
 4330 North Michigan Road Indianapolis, IN  
 46208 USA

## Credit Card Information:

Circle one: Visa    MasterCard    Discover    AMEX

Card number: \_\_\_\_\_

CVV: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Name (in print):

\_\_\_\_\_  
 Signature:

*Thank you for your support. Gifts to the International School of Indiana are tax-deductible to the full extent allowed by law.*

*If you have any questions, please contact our staff directly.*

Tel: 1.317.923.1951    Fax :1. 317.923.1910    isind.org



**International School of Indiana**