

YES! WE WOULD LIKE TO CONTRIBUTE!

NAME

ADDRESS

CITY

STATE

ZIP CODE

I CAN BE REACHED AT

**I/ WE WOULD LIKE TO MAKE A COMMITMENT
TO THE ANNUAL GIVING FUND AS FOLLOWS:**

- I/ We have made a secure online donation of
\$ _____ at www.briarwoodschool.org
- I/ We would like to pay by: Check Credit Card
If paying by check, please make it out to **The Briarwood School.**

\$ AMOUNT

VISA MASTERCARD AMEX EXP. DATE

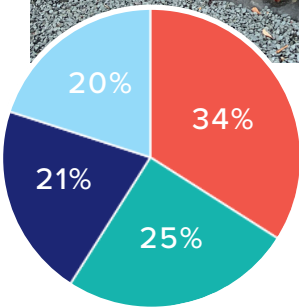
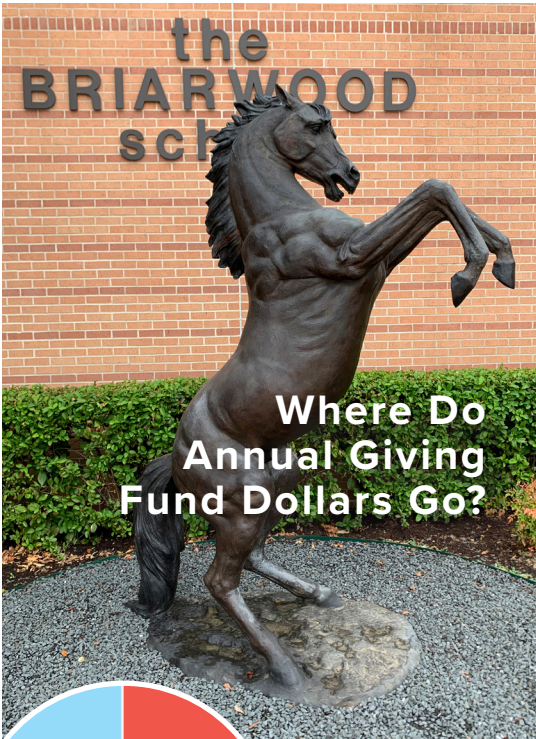
SIGNATURE

SECURITY CODE

- Monthly installments: \$ _____ for _____ months.
- My employer will be matching this gift.
- I/ We would like to make a commitment of \$ _____
to be paid on or before _____ (date).

For more information or questions, please contact:

LINDA PETERS
Director of Advancement
832.775.9556
lpeters@briarwoodschool.org



- Student Enhancements
- Community, Parent & Teacher Outreach
- Programs/Faculty Support
- Tuition Assistance

Gifts Of Any Size Make A Difference!

100% of your donation is tax deductible

Use your Donor Advised Funds
to make your gift

*Your gift will make a
difference, today!*

