

YES! I would like to support HOLY INNOCENTS' EPISCOPAL SCHOOL

STEP #1
PERSONAL INFORMATION

Name(s) _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

OUR TIME
the CAMPAIGN for HOLY INNOCENTS' EPISCOPAL SCHOOL

STEP #2
OUR TIME CAMPAIGN PLEDGE

In support of the *Our Time* Capital Campaign, I/we hereby pledge \$ _____
Pledges are payable through June 30, 2023.

Amount Enclosed \$ _____ First Payment Date: _____

To be paid in payments of \$ _____ Annually Quarterly Monthly Other (*specify*) _____

Naming opportunities for gifts of \$50,000+; gifts of \$25,000+ will be recognized on the donor wall; gifts of \$15,000+ will be invited to the donor reception and the state of the school. All donors recognized in annual report.

	The Founders Circle (\$1+ million)	Patrons (\$250,000 - \$499,999)	Builders (\$25,000 - \$99,999)	Investors (\$5,000 - \$14,999)
	Benefactors (\$500,000 - \$999,999)	Associates (\$100,000 - \$249,999)	Facilitators (\$15,000-\$24,999)	Supporters (up to \$4,999)

Capital Campaign Giving Levels

STEP #3
ANNUAL FUND PLEDGE

In support of the 2021-2022 Annual Fund, I/we hereby pledge \$ _____
Pledges are payable through June 30, 2022


Amount Enclosed \$ _____ First Payment Date: _____

To be paid in payments of \$ _____ Annually Quarterly Monthly Other (*specify*) _____

Gifts of \$1,959 or more are recognized at the Leadership Circle level. All members will receive special invitations to the donor reception and the state of the school.

Earl Dolive Giving Society (\$50,000+)	Founders' Club (\$25,000-\$49,999)	Trustees' Circle (\$7,500-\$9,999)	Headmasters' Circle (\$2,500-\$4,999)	Ursidae Society (\$1,000-\$1,958)
Bishop's Council (\$10,000-\$24,999)	Lillabel West Society (\$5,000-\$7,499)	1959 Society (\$1,959-\$2,499)	Anniversary Club (\$1-\$999)	

Annual Fund Campaign Giving Levels



STEP #4
PAYMENT INFORMATION

Option 1: Enclosed is my check made payable to Holy Innocents' Episcopal School.
 Option 2: My gift will be made in the form of stock or appreciated asset.
 Option 3: My gift will be made by donor-advised fund.
 Option 4: My gift will be made by credit card.

Please charge my Visa Mastercard AMEX Discover

Card Number: _____ Exp. Date: _____ CSV Code: _____

Name _____ Signature _____
(As it appears on your card)

My gift will be matched by my company: _____
(Please enclose your company's matching gift form)

Our Time Capital Campaign Annual Fund Both

I/We would like this gift to remain anonymous.

Signature _____ Date _____

Thank you for your support of Holy Innocents' Episcopal School!

Your gift is tax deductible as provided by law.
 For more information, contact Michele Duncan at 404-847-1153
 Holy Innocents' Episcopal School | 805 Mount Vernon Highway, NW, Atlanta, GA 30327 | hies.org