

PERSONAL INFORMATION

Title (Mr./Mrs./Ms.): ___ First Name: _____ Middle Initial: ___

Last Name: _____ Suffix (Jr./ Sr./ PhD): _____

Address: _____

Street Address

Apt/ Unit

City

State

Zip Code

Phone: (____) ____ - ____ Home Mobile Business Birthdate: __/__/__

E-mail Address: _____@_____

I would like to subscribe to Propel Schools Foundation's e-newsletter.

GIFT INFORMATION

PLEASE DIRECT MY GIFT TO:

- General Support
- Afterschool Program
- Partners in Wellness
- Jeremy Resnick Servant Leadership Scholarship Fund
- Post-Secondary Scholarship Fund
- COVID-19 Emergency Fund
- K-2 Literacy Initiative
- Scholar Opportunities
- Other: _____

GIFT AMOUNT: \$ _____

Check: Payable to Propel Schools Foundation

Credit Card: Visa Mastercard Discover American Express

Account No. _____

Exp Date ____ / ____ / ____

CVV ____ / ____ / ____

Signature: _____ Date: ____ / ____ / ____

ADDITIONAL GIFT INFORMATION

PUBLIC RECOGNITION:

If publicly recognizing my donation, please include:

Name Donation Amount Neither Other: _____

MATCHING GIFTS: This contribution will be matched by:

My Employer: _____

Joint Donor's Employer: _____

Corporate matching gift form(s) enclosed

Please contact your company's human resources department for further instructions.

HONORARY AND MEMORIAL GIFTS:

Check here if this is a **Memorial Gift**

Name of deceased individual: _____

Check here if this is an **Honorary Gift**

Name of individual being honored: _____

Reason or occasion: _____

Please notify the individual listed below that I have made this gift:

Name: _____

Address: _____

Street Address

Apt/ Unit

City

State

Zip Code

PLANNED GIFTS:

Check here to indicate that your will/trust provides for the Propel Schools Foundation

Please check here if you would like more information on life income plans

Send forms and payment to: **Propel Schools Foundation**
3447 East Carson Street
Pittsburgh, PA 15203