



The Salisbury School Annual Fund

Name: _____

Address: _____ City, State Zip _____

Phone: _____ E-mail: _____

Donation amount: \$ _____

Giving Levels

Benefactors' Club	\$100,000 +	Millennium Society	\$1,000 +
Founders' Club	\$50,000 +	Dome Society	\$500 +
Headmaster's Circle	\$25,000 +	Tunnel Society	\$250 +
Dragon Circle	\$10,000 +	Scholars' Circle	\$100 +
Green & White Society	\$5,000 +	Friends' Circle	< \$100
1970s Society	\$2,500 +		

My name as it should appear in the donor listing: _____ Anonymous

My gift will be matched by my employer. Company: _____

My gift is in honor/memory of _____.

My check made out to "The Salisbury School" is enclosed.

I will use the Direct Payment Plan. (download from thesalisburyschool.org/page/support/annual-fund)

I authorize TSS to charge my credit card for the amount above.

Visa MasterCard Discover American Express

Card # _____ Exp. Date: _____ Security Code: _____

Signature: _____
Charges will be made on the 1st of the month following receipt of this form.

Or make your donation online at www.thesalisburyschool.org under Support. →



Mail to the TSS Business Office, 6279 Hobbs Road, Salisbury, MD 21804.

For more information about the annual fund, Patron Sponsorship Program, the TSS Educational Foundation or including TSS in your estate plan, please contact Lois Colaprete at 410-742-4464 ex. 145.