



### PACIFIC RIDGE SCHOOL ANNUAL FUND

Annual Fund donations are unrestricted and help support Pacific Ridge School's current operations and highest priority needs every year. The Annual Fund begins anew each year on July 1 and runs through June 30.

### ANNUAL FUND RECOGNITION

All Annual Fund donors will be recognized in the school's Annual Report.

**LEADERSHIP GIVING LEVELS**  
 Leadership donors are acknowledged by levels in the Annual Report and during special receptions, roundtable discussions, and outings throughout the year.

|                         |           |
|-------------------------|-----------|
| <b>Scholars Circle</b>  | \$50,000+ |
| <b>Founders Fellow</b>  | \$25,000+ |
| <b>Harkness Society</b> | \$10,000+ |
| <b>Global Advocate</b>  | \$5,000+  |
| <b>2,007 Club</b>       | \$2007+   |

- I/we would like our name to be listed as \_\_\_\_\_
- I/we wish to remain anonymous \_\_\_\_\_
- This gift is in honor/memory of \_\_\_\_\_

### DONOR INFORMATION This includes a new address or phone contact.

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

### PACIFIC RIDGE SCHOOL AFFILIATION (PLEASE CHECK ALL THAT APPLY)

- Current Parent  Alumni Parent  Alumna/Alumnus, Class of \_\_\_\_\_
- Grandparent(s) of \_\_\_\_\_  Friends/Other
- Current/Former Faculty & Staff  Trustee/Former Trustee

**ALUMNI CLASS NOTES** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### PAYMENT OPTIONS

- I/We wish to make a gift or pledge in the amount of \$ \_\_\_\_\_ due in full by June 30.
  - The amount above will be matched by an employer. I/we understand that matching gifts are included as part of my/our total giving for recognition purposes.  
 Name of Employer \_\_\_\_\_ Amount of match \$ \_\_\_\_\_
- A check for \$ \_\_\_\_\_ payable to Pacific Ridge School is enclosed.
- Please charge my credit card once in the amount of \$ \_\_\_\_\_.
  - VISA  Mastercard  American Express Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_
- Please add the 3% processing fee to my credit card donation.
- Please set up a recurring charge with the above credit card information.  
 I would like to make monthly donations of \$ \_\_\_\_\_ begining \_\_\_\_\_.  
 The payments will continue  until pledge is fulfilled or  until I contact you to stop payments.
- I wish to make a gift of securities and will contact the Philanthropy Office at 760-448-9883 for transfer instructions.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_