



The Heritage Athletic Society

Support the Hawks, Strengthen the Community

Donor Information (Please Print)

NAME _____

BILLING ADDRESS _____

CITY, STATE - ZIP CODE _____

PHONE 1 | PHONE 2 _____

EMAIL _____

Membership Levels

HAWK LEVEL	BRONZE LEVEL	SILVER LEVEL	GOLD LEVEL	PLATINUM LEVEL	DIAMOND LEVEL	CHAMPION LEVEL
\$250-\$499	\$500-\$1,249	\$1,250-\$2,499	\$2,500-\$4,999	\$5,000-\$9,999	\$10,000-\$19,999	\$20,000 & ABOVE

Contribution Information:

Please indicate your selected membership level: _____ Amount of Donation: \$ _____

Contribution should be applied to: ☐ General Athletics ☐ Specify Sport(s): _____

I (we) plan to make this contribution in the form of:



☐ Visa

☐ MasterCard

☐ Check

☐ Cash

Credit Card # _____ Expiration Date ____/____/____ 3 Digit Security # _____

Authorized Signature _____ Date ____/____/____

Acknowledgement Information:

Please use the following name for acknowledgements related to this gift (Business Name, etc.)

☐ _____

☐ I (we) wish to have our gift remain anonymous

Please make checks, corporate matches,
or other gifts payable to: **The Heritage School**

*Due to United States IRS regulations, if a charitable
contribution is made and items are received, only 80%
of the gift may be taken as a charitable deduction on the
contributor's income tax.*



THE HERITAGE ATHLETIC SOCIETY

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