

Name _____

Student Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone: Res. _____ Bus. _____

Email _____

 I pledge to give \$ _____.I will pay Once by _____ Quarterly starting _____ Monthly starting _____
DATE DATE DATE I will give \$ _____ now. Check is enclosed for \$ _____ (Payable to Sequoyah School) Charge \$ _____ to my credit card. Visa MC Discover AmEx

Name on Card _____

Signature _____ CCV _____

Credit Card # _____ Expiry Date _____

Your contribution is tax deductible to the extent allowed by law. All gifts must be paid before June 30, 2019. I work for a company that makes matching gifts.

Company name _____

 I am interested in contributing securities. Please contact me.**Donors to Annual Giving are acknowledged by name alphabetically in the annual report.**

Please indicate how you would like to be listed: _____

Please return to

Sequoyah School 535 S Pasadena Ave Pasadena CA 91105

For more informationRyan McDaniel, Director of Advancement
626-795-4351 x215 rmcdaniel@sequoyahschool.org**Give online at** sequoyahschool.org/giving/**thank you**