

I/we are enclosing \$_____ for Annual Giving.

I/we pledge \$_____ to be paid in _____ installments by June 30 of this school year.

Name_____ Class Year _____

I am a:

__Parent __Grandparent __Quaker __Faculty/Staff
__Past Parent __Alumna/us __Board __Friend

I wish my gift to be anonymous

CAN YOU DOUBLE YOUR GIFT WITH A MATCHING GIFT FROM YOUR EMPLOYER? (Contact your personnel office or the Friends School Development Office at 856.478.2908 ext. 106 for details.)

Address_____

City_____ State_____ Zip_____

Email_____

Phone_____

I/we wish to pay by MC/VISA

MC #_____

VISA # _____

Expiration Date_____

Signature_____

PLANNED GIVING INTENTIONS

- I have remembered Friends School in my will.
- I intend to remember Friends School in my will.
- Please contact me to discuss tax-wise gifts of securities.