

Annual Giving Campaign Pledge Drive Form

Payments can be made monthly, or in a lump sum payment, by check, bill pay or by credit card¹. Please include this form, then bring to the main office and put it into the pledge drive box that will be clearly marked.

Note: Level 3 is our target goal per student. **Select one level of giving below:**

- | | |
|--|--|
| <input type="checkbox"/> Level 1: \$60 a month or \$600 or \$1.64 a day
<input type="checkbox"/> Level 2: \$120 a month or \$1200 or \$3.28 day
<input checked="" type="checkbox"/> Level 3: \$180 a month or \$1800 or \$4.93 day
<input type="checkbox"/> Level 4: \$240 a month or \$2400 or \$6.58 day
<input type="checkbox"/> Level 5: \$300 a month or \$3600 or \$9.86 day
<input type="checkbox"/> Other: _____ | <input type="radio"/> Pay in full <input type="radio"/> Pay monthly
<input type="radio"/> Pay in full <input type="radio"/> Pay monthly
<input type="radio"/> Pay in full <input type="radio"/> Pay monthly
<input type="radio"/> Pay in full <input type="radio"/> Pay monthly
<input type="radio"/> Pay in full <input type="radio"/> Pay monthly
<input type="radio"/> Pay in full <input type="radio"/> Pay monthly |
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Please enter the amount you would like to give, knowing all donations are appreciated no matter what amount.

ALL DONATIONS ARE TAX DEDUCTABLE, Friends of West Hollywood Elementary is a 501(c)(3) organization. **Please indicate how you would like your name to appear on our thank you banner.**

- _____ Please keep my donation anonymous.
 _____ I/we will be paying by check (please make check out to FOWHE)
 _____ Bill pay through your bank.
 _____ I/we will be paying by credit card

All Donation amounts will be kept confidential. You will receive a personal thank you and be included on our thank you banner that will be displayed alphabetically at school no matter how much you give. **Please use the form below or go online (fowhe.org) to pledge now. Please write legibly.**

Child's Name(s) _____
 Child's Grade(s) _____ Room # (s) _____
 Credit Card Info (if paying by cc): Please include billing address.
 Your Name _____ Cell _____ Email _____
 Name on Credit Card _____
 Card No. _____ Exp. _____ Security Code _____
 Billing Address _____
 Billing Address Zip Code _____ Signature _____

By signing, you are allowing FOWHE to charge your credit card the amount you have indicated above either all at once or monthly. All forms will be kept in a secure place.

¹ * *Please note if you pay by credit card, a small percentage of your donation goes towards processing fees*