



## Annual Fund Donation Form

*Thank you for supporting Sanford School!*

Please print and complete the form, and include the amount you would like to pledge or donate. We will contact you to confirm your pledge/donation and payment terms.

First and Last Names \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail address \_\_\_\_\_

Daytime Phone (area code) \_\_\_\_\_

Evening Phone (area code) \_\_\_\_\_

Donation Amount \$ \_\_\_\_\_

### Payment Options:

- \_\_\_\_\_ My check is enclosed
- \_\_\_\_\_ Please call me for credit card information
- \_\_\_\_\_ Please bill me
- \_\_\_\_\_ I will mail a check by [date] \_\_\_\_\_

\_\_\_\_\_ Please bill my credit card:  
Credit Card \_\_\_\_\_ Visa \_\_\_\_\_ Master Card

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Mail your check along with this form or fax this form to:

Annual Fund  
Sanford School  
P.O. Box 888  
Hockessin, DE 19707-0888  
Fax: 302-239-1912

If you have any questions call the Development Office at 302-239-5263 (after hours x229).