

THE GALLOWAY FUND ANNUAL FUND PLEDGE CARD

*Please complete and return with your check or signed commitment.
All contributions are tax deductible.*

Please accept our **per child** contribution of \$400 \$_____ (Other) to The Galloway School.

(In order to meet our goal, we need a minimum per child contribution of \$400)

Please Make Checks Payable to: **The Galloway School Annual Fund**

Number of Children in School _____ Total family contribution: \$_____

- My check for the full amount of our family contribution is enclosed
- I pledge to pay _____ per month over 8 months.
- I will contact Hope Vargas, Business Manager, The Galloway School to make arrangements for my Galloway Fund Annual Contribution on or before November 19, 2015.
- My employer matches charitable gifts. Enclosed are the forms.

Company Name _____

My relationship to The Galloway School:

- Board Member
- Faculty
- Parent
- Grandparent
- Other family
- Alumni
- Corporate Associate
- Faculty/Staff I am making a one-time contribution.
- I am contributing \$_____ ea. Month via payroll deduction.
Family _____
- Family _____
- Family _____
- Family _____
- Family _____

Please Print

Name _____

Address _____

Street

City

State

Zip Code

Phone _____

Email _____

Thank you for your gift to the 2015-2016 Annual fund for The Galloway School for a NEW 21st Century Library!