

GIFT INFORMATION

In support of Trinity Episcopal School, please accept my enclosed gift/pledge* in the amount of \$ _____.
(circle one)

I wish to make my gift in honor/memory *(circle one)* of _____.

Please send a special note to _____
Address _____

In addition to my gift, I will apply for matching funds* from my employer _____.
*(*Please include matching gift form with your payment.)*

Name _____

Name(s) _____
(As you wish to appear in publications)

Address _____ Apt # _____

City, State, Zip _____

Telephone (Home) _____
(Work) _____

Email (Home) _____
(Work) _____

GIVING LEVELS

Pinnacle – \$10,000+ Keystone – \$1,000-\$2,499

Capstone – \$5,000-\$9,999 Archstone – \$500-\$999

Cornerstone – \$2,500-\$4,999 Foundation – Below \$499

GIFT DESIGNATION

I've included Trinity Episcopal School, Charlotte, NC, in my will.

Please send me information about including Trinity in my will.

All gifts to the Trinity Fund shall be unrestricted unless otherwise requested by the donor. Thank you.

MAKE YOUR GIFT BY CREDIT/DEBIT CARD

AMEX VISA MC DISCOVER DEBIT

Name on Card _____

Credit/Debit Card # _____

Exp. Date _____ Security Code _____

Authorized Signature _____

If you would like to make your gift with credit/debit card online, please visit the Support Trinity page of our Web site at www.TEScharlotte.org.

Please make checks payable to **Trinity Episcopal School** by June 1. All gifts are tax deductible to the extent allowed by law.

For more information, please contact the Advancement Office.
750 E. 9th Street | Charlotte, NC 28202-3102 | 704. 358. 8101 | www.TEScharlotte.org