



GIVING FORM

Name _____ Class of _____

Current Parent Parent of an Alumnus Grandparent Friend

Address _____

City _____ State _____ ZIP _____

Telephone _____ Cell Phone _____ E-mail _____

Gift Designation:

\$ _____ Annual Fund \$ _____ Designated

Specify Designation Here: _____

Pledge:

I will contribute \$ _____ monthly for the next _____ months as designated above for a total pledge of \$ _____

Payment Method:

Check/Money Order _____

Credit Card Card Number _____ Exp. Date _____

Name _____

Electronic Funds Transfer If using this option, please contact the Development Office at (540) 946-7700 Ext. 119 for more information.

Matching Gift:

The following organization(s) will match my gift/pledge: _____

I will provide the appropriate forms. Name of Company: _____

This is a Memorial / Honor gift of: _____

Please keep my gift anonymous

Please have someone contact me regarding planned giving options (e.g., bequests, trusts).

Mail this form to: **Fishburne Military School, 225 S Wayne Avenue, Waynesboro, VA 22980**

Thank you for supporting Fishburne Military School and the Corps of Cadets.