



BRIDGES ACADEMY
ANNUAL FUND GIFT FORM
2011-2012

Yes! We support the Bridges Academy 2011-2012 Annual Fund and are giving:
 (please indicate amount of your gift at the level in which it appears)

| AMOUNT OF GIFT | | LEVEL OF GIVING | |
|----------------|--------------------|----------------------|-----------------------------|
| \$ _____ | Angels Circle | \$25,000 or more | LEADERSHIP GIFTS |
| \$ _____ | Founders Circle | \$10,000 to \$24,999 | |
| \$ _____ | Benefactors Circle | \$5,000 to \$9,999 | |
| \$ _____ | Patrons Circle | \$2,500 to \$4,999 | |
| \$ _____ | Leaders Circle | \$1,500 to \$2,499 | |
| \$ _____ | Sponsors Circle | \$1,000 to \$1,499 | SPECIAL GIFTS |
| \$ _____ | Associates Circle | \$500 to \$999 | |
| \$ _____ | Supporters Circle | \$1 to \$499 | |
| \$ _____ | Young Alumni | any amount | |

Gift Type

- Immediate Gift:** Payment in full now.
- Pledge:** I/we pledge \$ _____ to Bridges' 2011-2012 Annual Fund.
 - Partial payment now in the amount of \$ _____, with balance due on _____ (by March 31, 2012).
 - Payment in full on _____ (by March 31, 2012).
 - Other (describe payment schedule): _____

Method of Payment

- Payment-in-full or partial payment is enclosed. Check made payable to Bridges Academy.
- Bill me for the payment/balance.
- We wish to contribute publically traded, marketable securities (contact me to handle the transfer).
- Charge this donation to my Visa or Mastercard:
 Card number: _____ Expiration Date: _____
 Print name as it appears on the card: _____
 Signature: _____

Matching Gift

- My employer has a Matching Gift Program, so the size of my gift may increase. Enclosed is my employer's Matching Gift Form for processing by Bridges, or contact me to provide further guidance.

Donor Information

Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Phone Number (_____) _____ Email _____
 Bridges student(s) in your family (name) _____

Acknowledgment of our community's generosity will be made throughout the Campaign.

Please indicate the name(s) we should use to acknowledge your gift in written publications (e.g., "Mr. & Mrs. Robert Smith," "In Memory of ____"...): _____
 I/we wish to remain anonymous.

I confirm my understanding that Bridges will rely on my gift or pledge when incurring ongoing operating expenses, and with that understanding, I agree to provide the gift stated above.

Signature: _____ Date _____

Please return this gift form to Bridges Academy in the enclosed envelope or fax to (818) 301-2527 (confidential fax).
 All contributions are tax-deductible to the full extent of prevailing laws and are acknowledged by written receipt.

Thank you for your support.