

SRHSF ANNUAL FUND CAMPAIGN



YOUR INFORMATION

Name: _____ Maiden: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Preferred Method to Receive Mail: Email US Mail

Home Phone: _____ Cell Phone: _____

YOU ARE: Please check all that apply

- SRHS graduate, Year: _____ Parent of SRHS student(s), Year(s): _____
 SRHS Staff or Faculty Friend of SRHS

ARE YOU AN SRHSF MEMBER? Yes No If not, please consider joining:

- 1 year ~ \$25 2 years ~ \$45 3 years ~ \$60 Lifetime ~ \$500

CONTRIBUTION: Please accept my gift of \$ _____

Donation to be Applied as Follows:

- General unrestricted gift Unrestricted Permanent Endowment Fund
 Directed this gift to a specific Department or Program at SRHS: _____
 My Company has a matching gift program
 Make my gift in honor or in memory of: _____

Join the **ONE THOUSAND PANTHERS** with a gift of \$1000 or greater:

- One Time ~ \$1000 2 year ~ \$500 4 year ~ \$250 5 year ~ \$200

Please acknowledge my donation as: _____

TOTALS

Total Amount Enclosed: _____

Check # _____

SPECIAL REQUESTS, POOLED DONATIONS OR QUESTIONS:

Please call the Pandey Line at (707) 571-7747 or email donations@srhsf.org.
We will return your call or email promptly.

PLEASE RETURN THIS FORM AND YOUR PAYMENT TO:

Santa Rosa High School Foundation
PO Box 11006
Santa Rosa CA 95406

THANK YOU! for supporting the SRHS Foundation, a non-profit 501c3 public benefit corporation.
The Foundation's tax ID number is 68-0195375.

ONCE A PANTHER, ALWAYS A PANTHER!

Visit us Online at www.srhsf.org