



**SYRACUSE CITY SCHOOL DISTRICT
EDUCATIONAL FOUNDATION**

CONTRIBUTION AUTHORIZATION FORM

Thank you for imagining, for believing, and for giving!

Giving Levels:

\$25-\$99 FRIEND	\$1,000-\$2,499 VISIONARY
\$100-\$249 EDUCATOR	\$2,500-\$4999 VALEDICTORIAN
\$250-\$499 HONOR ROLL	\$5000-\$7499 PRESIDENTIAL SCHOLAR
\$500-\$999 SCHOLAR	\$7500+ RHODES SCHOLAR

PERSONAL DONOR INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____

Employer _____ Position _____

I/We enclose a check of \$ _____ made payable to SCSD Education Foundation.

I/We wish my contribution of \$2,500 or more to become a named grant.

I/We wish to remain anonymous. (All contributions of \$25 and above will be publicly acknowledged unless donor wishes to remain anonymous.)

Enclosed is my employer's Matching Gift Form.

I/We wish to speak with SCSD Educational Foundation about planned giving, endowment, donating securities, or another form of donation.

I/We designate this as a Tribute Gift of in honor of: _____,

and I/we wish for this person to receive an acknowledgement by mail at the following location:

Address _____

City _____ State _____ Zip _____

I/We designate this as a gift in memory/honor of: _____

Other (please be specific regarding the nature of your gift/donation) _____

The SCSD Educational Foundation is a non-profit organization as described in the Internal Revenue Code Section 501(c)(3). Contributions are tax deductible to the extent provided by law.

Checks and contributions along with this form should be sent to:

SCSD Educational Foundation, 9827 Carousel Center Drive, Syracuse, NY 13290

For more information please contact:

Jan Quitzau, Foundation Administrator

Phone: (315)391-0259 E-mail: JQuitzau@SCSDfoundation.org