



# INVESTMENT FORM

## 2011-2012 School Year

### GUARDIANS OF THE FUTURE

Title:  Mr.  Mrs.  Ms.

New Donor  Renewal

Investor's Name (to be recognized) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Contact Person (if investor is a business) \_\_\_\_\_

Email: \_\_\_\_\_

#### Annual Levels of Investment

\$25,000 or more	Visionary Guardian	\$1,000 to \$2,499	Gold Guardian
\$10,000 to \$24,999	Legacy Guardian	\$ 500 to \$ 999	Silver Guardian
\$ 5,000 to \$ 9,999	Five Star Guardian	\$ 250 to \$ 499	Bronze Guardian
\$ 2,500 to \$ 4,999	Platinum Guardian	Up to \$250	Community Partner

\_\_\_\_ Please accept my investment of \$ \_\_\_\_\_ for the 2011-2012 school year.

**OR**

\_\_\_\_ I would like to make a multi-year investment totaling \$ \_\_\_\_\_.

*I will be submitting my multi-year investment in the following years in the amounts indicated.*

\$ _____ 2011-12 (current school year)	\$ _____ 2014-15
\$ _____ 2012-13	\$ _____ 2015-16
\$ _____ 2013-14	\$ _____ 2016-17

*For your convenience, the Foundation office will send an annual invoice starting with year two of your multi-year investment. Annual invoices are sent the same month the first-year investment was received.*

#### Please designate my investment to:

- Greatest Need       Classroom and School Grants       Students of Promise
- Grants for New Teachers       Other: \_\_\_\_\_

#### Payment Options

You may make your contribution with a one-time payment or in monthly or quarterly installments.

##### One-Time Payment

- Enclosed is my check payable to:

*Foundation for Clovis Schools.*

- Invoice me on:

Month/Date/Year \_\_\_\_\_

- Charge my contribution to:

Visa     Master Card

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_

##### Installment Plan

- Invoice me in equal installments

monthly       quarterly

Starting (month) \_\_\_\_\_

- Charge my credit card in equal installments

monthly       quarterly

Visa     Master Card

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder's Name (print) \_\_\_\_\_

Please help us identify other people in the community that you feel would like to invest in our kids. Your name will not be mentioned when the individual(s) are contacted. Thank You!

Name	Affiliation	Phone Number
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