



For Office Use Only: Date: _____ ID#: _____ ☐ Added to RE
☐ Pledge ☐ Check #: _____ \$ _____ ☐ Scanned ☐ Saved

2025-2026 CONTRIBUTION

Benefiting every student, every teacher, and every school

Name _____ HPHS Grad Year (if applicable) _____
Address _____ Phone _____ ☐ CELL ☐ HOME ☐ WORK
City _____ State _____ Zip _____ Email _____
Spouse Name (if applicable) _____ HPHS Grad Year (if applicable) _____
Spouse Phone _____ Spouse Email _____
☐ CELL ☐ HOME ☐ WORK

IF RECOGNITION NAME IS NOT SPECIFIED, WE WILL USE
"DONOR NAME" & "SPOUSE NAME" FOR PUBLICATIONS.

RECOGNITION Name _____

GIVING LEVELS: Please check your level.

Leadership Society

- ☐ **VISIONARY** (\$50,000+)
☐ **LEGACY** (\$25,000-\$49,999)
☐ **LUMINARY** (\$10,000-\$24,999)

Additional Giving Levels

- ☐ **EXCELLENCE** (\$5,000-\$9,999)
☐ **CHAMPION** (\$2,500-\$4,999)
☐ **PARTNER** (\$1,000-\$2,499)

Partner level & above will be invited to our
Patron Party!

- ☐ **A-DOLLAR-A-DAY** (\$365)
☐ **TRIBUTE GIFT** (\$250)
☐ **FRIEND** (Other) \$ _____

ABOUT YOU: Tell us a bit more!

I am an HPISD (check all that apply):

- ☐ Current Parent/Guardian
☐ Grandparent
☐ Alumnus/Alumna
☐ Parent of Alumni
☐ Employee
☐ Friend/Neighbor

Preferences (check all that apply):

- ☐ I/We prefer to remain **Anonymous**
☐ I/We want a **Grandparent sticker**
☐ I/We do **not** want a **Yard Sign**

(Signs are available for Park Cities residents only)

GRANDPARENTS: Honor your grandchild(ren) on our website

HPISD student: (First & Last name) _____ Current Grade: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TRIBUTE GIFT: For gifts **\$250 and greater**, your gift will be listed on our website in recognition of your honoree & we will send an acknowledgement card.

☐ In Honor ☐ In Memory Of: _____

☐ Please send an acknowledgement card Send notification to: _____

Address: _____ City: _____ State: _____ Zip: _____

Given by: _____ *Grandparents - please complete the above section for gifts in honor of HPISD Students

BILLING INFORMATION: Please check all that apply.

- ☐ Enclosed is my **CHECK** for \$ _____ [Checks payable to **Highland Park Education Foundation** or **HPEF**]
☐ I/We will donate **DONOR-ADVISED FUNDS** from _____ \$ _____
☐ I/We will donate **STOCK** (visit hpef.org/stock for more information) ☐ I/We **PLEDGE** to pay \$ _____ by March 31, 2026
☐ My company provides **MATCHING FUNDS** _____ (visit hpef.org/matchinggifts for more information)
company name

☐ I would like to set up a **RECURRING CREDIT CARD** gift.

☐ I would like to set up a **DIRECT DEBIT** gift.

HPEF will call/email to set up these options.
Please make sure your contact information is listed above.



To make your donation with a **CREDIT/DEBIT CARD**,
please visit our website hpef.org/supportmadforplaid or use the QR code.