



2023-24 CONTRIBUTION CONTRACT

Benefiting Every student, Every teacher, 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 _____ CELL HOME WORK I/We prefer to remain **Anonymous**

Spouse Email _____ I/We do not want a **Yard Sign**
(Signs delivered to Park Cities residents only)

RECOGNITION Name _____

IF RECOGNITION NAME IS NOT SPECIFIED, WE WILL USE THE INFORMATION PROVIDED IN "DONOR NAME" & "SPOUSE NAME" FOR PUBLICATION PURPOSES.

I am an HPISD (check all that apply): Current Parent/Guardian Grandparent Alumnus Parent of Alumni Employee Friend/Neighbor

GIVING LEVELS: Please check your level below. To learn more about giving level benefits visit hpef.org/mad-for-plaid

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) *Donors at the Partner level & above will be invited to a Patron Party.*
- A-DOLLAR-A-DAY** (\$365)
- FRIEND** (Other) \$ _____

BILLING INFORMATION: To donate online, visit hpef.org/donate

Enclosed is my **CHECK** for \$ _____ Please make checks payable to Highland Park Education Foundation

I/We will donate **STOCK** (visit hpef.org/stock for more information)

I/We will donate **DONOR-ADVISED FUNDS** from _____

I/We **PLEDGE** to pay \$ _____ by March 31, 2023

for \$ _____

Please charge my **CREDIT CARD** _____ **OR** Please charge me \$ _____ for _____ months

To donate online, visit hpef.org/donate

Name as it appears on card _____ Signature _____

Card Number _____ Exp. Date _____ CSC/CVV _____

Billing Address: _____ Same as above

I/We have **MATCHING FUNDS** from _____ & will provide appropriate documentation

TRIBUTE: For gifts \$250 and greater, we will list your gift in honor/memory of your tribute on our annual online donor listing

In Honor In Memory of Name _____

Given by _____ Please notify _____

Address _____ City _____ State _____ Zip _____

GRANDPARENTS/GREAT-GRANDPARENTS: We will list your gift in honor of your grandchild(ren) in our annual donor publication

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