Visit **hpef.org** to donate online

2024-25 CONTRIBUTION

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 _____ Spouse Email _____

☐ CELL ☐ HOME ☐ WORK

RECOGNITION Name _____

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

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 _____ in the amount of $ _____

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

☐ I/We **PLEDGE** to pay $_____ by March 31, 2025

☐ 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.

Highland Park Education Foundation ● 4201 Grassmere Lane, Dallas, TX 75205 ● 214-780-4060