DuBard



This is a matching gift ☐ Yes (enclose form) ☐ No	This gift is \square in memory of \square in honor of
would like to donate \$	Please send additional acknowledgement to:
☐ Direct services to children	Name
☐ Professional development	Address
☐ Research	City State Zip
☐ Where need is greatest	DONOR INFORMATION
☐ Immediate use	Donor(s) Name
☐ Endowment	Address
Please contact me with information on setting up an endowment.	City State Zip
	Phone ()
	I give permission to publicize my name. □ Yes □ No
	I give permission to disclose amount of gift. \square Yes \square No
METHOD OF PAYMENT	Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
☐ Check payable to the USM Foundation. Write "DuBard School" in memo line of check.	Name of Cardholder
☐ Cash	Account No Exp. Date CVV
	Signature

Thank you for your support!