



## I would like FUND

- ☐ Up to \$49: *An application for graduation*
- ☐ \$50 - \$249: *A parking pass*
- ☐ \$250 - \$499: *School supplies and fees*
- ☐ \$500 - \$999: *Textbooks for a semester*
- ☐ \$1,000 - \$2,999: *A Level Up scholarship*
- ☐ \$3,000 - \$4,999: *Two full-time awards*
- ☐ \$5,000 - \$6,999: *A semester of room and board*
- ☐ \$7,000 - \$10,999: *A competitive award*
- ☐ \$11,000+: *Tuition and fees for one year*

☐ One-time gift    ☐ Monthly gift

\$

*desired specific amount to donate*

My company will match my gift    ☐ Yes    ☐ No

I agree to allow Doyon Foundation to use my name in donor promotions or solicitations.

☐ Yes    ☐ No

I would like to be acknowledged for my donation as:

*(i.e. John Doe, Mr. and Mrs. John Doe, John and Mary Doe, In Memory of John Doe, Anonymous, In Honor of John Doe, etc.)*

## My CONTACT INFO

Name

Date

Organization (for corporate donations)

Address

City

State

Zip Code

Phone Number

Email Address (required)

## Please accept my PAYMENT

☐ Enclosed check, payable to *Doyon Foundation*

☐ Invoice me

☐ Payroll deduction *(if applicable)*

☐ PayPal - I paid on date: \_\_\_\_\_  
*(PayPal link located at doyonfoundation.com)*

☐ Credit card

☐ VISA

☐ Mastercard

Card Number

Expiration Date

Security Code

☐ Charge my entire pledge

☐ Charge me \$ \_\_\_\_\_ monthly