



**Friends of the HGM Annual Giving 2016-2017**

Student Name(s)	Grade	Parent Name
Address	City	Zip
Parent E-Mail Address	Phone	

**Employer Match**

My employer has a matching contribution program. (If you are unsure, please ASK your employer)

FYI: Donating by check saves us 3% in credit card/online fees  
Please make checks payable to: *Friends of the HGM*

**By check:** I enclose a donation of:

\$50       \$100       \$300       \$600       \$\_\_\_\_\_

**In installments:**

I enclose my first check contribution of \$\_\_\_\_\_.

I will send \$\_\_\_\_\_ per month for \_\_\_\_\_ months.     Please email me a monthly reminder.

**By credit card:** (Alternatively, you can also donate online at [highlygiftedmagnet.org/donate](http://highlygiftedmagnet.org/donate))

I authorize Friends of the HGM to charge my credit card below in the amount of \_\_\_\_\_

**By credit card installments:**

I authorize Friends of the HGM to charge my credit card monthly in the amount of \$\_\_\_\_\_ for \_\_\_\_\_ months

Credit Card number: \_\_\_\_\_      Expiration date: \_\_\_\_\_      CVC Code: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_      Date \_\_\_\_\_

*Thank you for your generous contribution!*

Please return this form ...**by mail to:** Friends of the HGM, P.O. Box 4604, Valley Village, CA 91617  
...**or by email to:** [info@highlygiftedmagnet.org](mailto:info@highlygiftedmagnet.org)