



Friends of the HGM Annual Giving

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

Employer Match

My employer has matching contribution program. (If you are unsure, please ASK your employer. Many are not publicized)

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)
 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