

Maria Lutz McHugh '46 Initiative in Support of Gwynedd Athletics

GIFT/PLEDGE FORM

Donors who make gifts/pledges by Monday, September 30, 2019 will be acknowledged on the Initiative donor plaque.

| Recognition Levels | Gift Amounts | |
|--------------------|---------------------|--|
| State Champion | \$25,000 or more | |
| District Champion | \$10,000 - \$24,999 | |
| League Champion | \$5,000 - \$9,999 | |
| Varsity Team | \$1,000 - \$4,999 | |
| JV Team | \$999 and less | |

Revised 8/6/2019

| ONLINE OPTION: You also can make a gift online at gmans.o | rg/give and list "McHugh Initiati | ve" in the comments box. |
|--|-------------------------------------|--------------------------|
| Total Amount of Gift/Pledge: \$ | | |
| Payable: ☐ One-time / Over ☐ 1 Year / ☐ 2 Years / ☐ 3 Year | rs / 🗆 4 Years / 🗆 5 Years | |
| Payment Schedule: ☐ Annually / ☐ Semi-Annually / ☐ Quart | terly / 🗆 Monthly | |
| Donor Name(s):* | | |
| Primary Contact (if different from above): | | |
| Address: | | |
| City: | | o Code: |
| Home phone: | Mobile phone: | |
| Email: | | |
| Signature: | | // |
| PAYMENT INFORMATION: | | |
| One-time or Initial Payment: \$ | | |
| I/We plan to make my/our contribution by: \Box check / \Box cre | edit card / 🗆 stock / 🗅 EFT / 🗅 o | ther |
| By Check: Please make checks payable to "GMAHS" and writ | e "McHugh Initiative" in the mer | mo line. |
| By Credit Card: Please charge my gift to (circle one): □ VISA | . / 🗆 MASTERCARD / 🗅 DISCOVE | R / 🗆 AMEX |
| Card No | Exp. Date | Sec. Code |
| Name on Card | | |
| Signature | | |
| By Stock: Please contact Gwynedd at 215-646-8815, ext. 326 | 6 for instructions. | |
| By EFT (Electronic Funds Transfer): Please contact Gwynedd | l at 215-646-8815, ext. 326 for in | structions. |
| Matching Gift: My/Our gift will be matched by: | | |
| \square Matching gift form enclosed / \square Matching gift form to be | forwarded via mail or email | |
| DONOR RECOGNITION: | | |
| \Box For Donor Recognition, I understand my name/company r | name will be listed as I have writt | en above.* |
| \square I wish to remain anonymous. | | |
| ☐ My gift is ☐ in Honor/ ☐ in Memory of: | | |

Belz Frascatore '89, director of advancement, at cfrascatore@gmahs.org or at 215-646-8815, ext. 326.

Questions? Interested in supporting the Initiative through your will or another planned gift? Please contact Colleen

RETURN BY EMAIL: cfrascatore@gmahs.org

RETURN BY MAIL: GMAHS, Advancement Office, PO Box 902, Gwynedd Valley, PA 19437-0902