



# MissionDoloresAcademy

## I/We wish to support Mission Dolores Academy's Annual Fall Fund

### Step One: Partnership Level

#### Founder's Circle

\$100,000  \$75,000  \$50,000

#### Leadership Circle

\$35,000  \$25,000  \$15,000  \$10,000

#### Mentors' Circle

\$7,500  \$5,000  \$3,500  \$2,500

#### Community Circle

\$1,000  \$750  \$500  \$250  \$100  **Custom** \$ \_\_\_\_\_

**One-time gift**  **Pledge:** I would like to pledge \$ \_\_\_\_\_ for \_\_\_\_\_ years, totaling \$ \_\_\_\_\_

**My gift is**  in honor of  in memory of \_\_\_\_\_

I/We wish to remain anonymous

### Step Two: Ways to Support

**Check Enclosed** (*Payable to Mission Dolores Academy*)

**Make your gift securely online:** please visit [mdasf.org/giving/annual-fall-fund](https://mdasf.org/giving/annual-fall-fund)

**Credit Card**

Cardholder name \_\_\_\_\_

Card number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV # \_\_\_\_\_

Signature \_\_\_\_\_

**Additional payment options — Stock Donation form:** Please visit [mdasf.org/giving/annual-fall-fund](https://mdasf.org/giving/annual-fall-fund)

**Matching gift:** I will multiply the impact of my gift by contacting my employer about matching gifts

### Step Three: Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Thank you for your generosity!**

### Step Four: Return This Form

**By Mail:** Development Office, Mission Dolores Academy  
3371 16th Street, San Francisco, CA 94114

**By Email:** [Development@mdasf.org](mailto:Development@mdasf.org)

I would like to learn more about how to include Mission Dolores Academy in my estate plan.

Our Federal Tax Identification Number is 20-2849575

**Questions?** Please contact the Development Office at **(628) 271-1056** or [development@mdasf.org](mailto:development@mdasf.org)