

The University School of Jackson Annual Fund Pledge Card

Name Anonymous _____ \$ _____
Contribution

Address _____ City _____ State _____ Zip _____

We have indicated our pledge below and understand that we have until June 1 to make our payment.

*Leadership Giving Levels

*Founder's Society: \$10,000+ _____ *Red & Blue Society: \$1,000+ _____

*USJ Society: \$5,000+ _____ *Leadership Society: \$500+ _____

*Visionary Society: \$2,500+ _____ Bruin Society: \$250+ _____

Support Partner: \$1+ _____

I would like to give now by: Check Enclosed Credit Card

Account #: _____ 3-Digit Code (on back) _____

Exp. Date: _____ Signature: _____

My gift is... In Memory of: In Honor of:

My employer has a matching gift program.
The form is attached.