

Name(s): _____ TPS Grad _____ Year: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Name for donor recognition _____ **OR** I wish to remain anonymous

I wish to support the TPS Foundation with a total gift of \$ _____

My total donation is enclosed (please make checks payable to TPS Foundation)

I would like to make payments over: 1 Year 2 Years 3 Years, beginning mo/yr _____ . My first payment is enclosed.

My employer will match my gift.

Please contact me with information about other giving options (stocks, assets, etc.).

My gift is in: honor memory of _____

Please check payment option:

VISA Name (as it appears on card): _____

MASTERCARD Billing Address: _____ City: _____

DISCOVER State: _____ Zip: _____ Card Number: _____

AMEX Exp. Month/Year: _____ CCV Code: _____

Cardholder Signature: _____ Date: _____

Write the Future Campaign Donor Recognition Levels

<i>Donor Recognition Levels</i>	<i>Giving Range</i>
<i>Leadership</i>	\$500,000 and up
<i>Pinnacle</i>	\$250,000 and up
<i>Valedictorian</i>	\$100,000 and up
<i>Summa Cum Laude</i>	\$50,000 and up
<i>Magna Cum Laude</i>	\$25,000 and up
<i>Superintendent Circle</i>	\$10,000 and up
<i>Distinguished Honor Roll</i>	\$5,000 and up
<i>Friends of The Foundation</i>	\$1,000 and up