



Magnolia Heights School

Dr. Marvin Lishman, Headmaster

I am pleased to support Magnolia Heights Annual Fund with my tax deductible gift.

Direct my gift:

____ Designated _____

____ For MHS to use where most needed

Double My Gift
My company, _____

will match my gift with an additional \$ _____

*Please enclose employer's matching gift form.

Affiliation(s) with Magnolia Heights (check all that apply)

- Alumni (Yr) _____
 - Faculty/Staff
 - Alumni Parent
 - Friend
 - Anonymous
 - Current Parent (Please list children below)
 - Grandparent (Please list grandchildren below)
- _____

Grandparents Gifts of \$100 or more will have grandchildren listed along with the grandparents' names.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Employer: _____

Position/Title: _____

Business Address: _____

Business Phone: _____

Business E-Mail: _____

Check enclosed for \$ _____

Charge my gift : \$ _____
____ Visa ____ Mastercard

Card Number: _____

Exp. Date: _____

Name on Card: _____

____ I have made plans for MHS in my estate plans.

____ I would like to have a confidential conversation with someone from MHS about making a planned gift.