



STEP 1: About You				
Donor 1 First	Last	☐ Parent ☐ Alumnus/a ☐ Community Supporte	☐ SMMUSD Employee ☐ Grandparent r ☐ Parent of Alumni ☐ Other:	
Donor 2 First	Last		School Grade	
Phone	Email			
Address	City Zip			
List how would you like your name(s) to appear on our Honor Roll of Giving.		*Please list all your child	*Please list all your children in SMMUSD.	
	e anonymous on the Honor Rol	I. Employer(s)	□ My employer will match my gifts.	
Option 1: Make a One-Time Donation □ \$10,000 □ \$5,000 □ \$2,500 □ \$1,000 □ \$ Option 2: Become a Monthly Donor (min. \$5 per month) □ \$1,000 □ \$500 □ \$250 □ \$100 □ \$ More information at smedfoundation.org/ForAthletics. Tax ID 95-3787674				
STEP 3: Payment Info	rmation			
		 □ Please charge my credit card. □ Add 3% to my donation to cover processing fees. 		
Name on card				
Amex Visa MC #		Billing Address (if different from above)		
Expiration	Security Code	Signature		