



friends of elysian
Annual Appeal 2017/2018

**Thank you for supporting the
Friends of Elysian 2017/2018 Annual Appeal!**

I will contribute to the Friends of Elysian Annual Appeal 2017/2018 at the following level:

- | | | |
|--|--|---|
| <input type="checkbox"/> Eagle: \$10,000+ | <input type="checkbox"/> Benefactor: \$2,500 | <input type="checkbox"/> Sustainer: \$250 |
| <input type="checkbox"/> Champion: \$7,500 | <input type="checkbox"/> Patron: \$1,000 | <input type="checkbox"/> Friend: \$100 |
| <input type="checkbox"/> Leader: \$5,000 | <input type="checkbox"/> Partner: \$500 | <input type="checkbox"/> Other: \$____ |

INSTRUCTIONS: Please complete this form either by printing and filling it out by hand or by "clicking into" each field in the electronic PDF. If you choose to fill it out on your computer, make sure to "Save as" and then rename it, otherwise the changes will not take and your document will be blank.

Section 1 YOUR INFORMATION

Donor Name(s) _____

Street Address _____ City, State, Zip _____

Phone Number _____ E-mail _____

RELATIONSHIP TO ELYSIAN CHARTER SCHOOL (PLEASE CHECK ALL THAT APPLY):

- | | | | |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Current Parent | <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Alumni Student | <input type="checkbox"/> Other |
| <input type="checkbox"/> Current Extended Family | <input type="checkbox"/> Alumni Parent | <input type="checkbox"/> Friend | |

Section 2 DONATION AND METHOD OF PAYMENT

I/WE WOULD LIKE TO DONATE A TOTAL CONTRIBUTION OF \$_____. PLEASE CHOOSE ONE:

- Check: A contribution for the amount above is enclosed. Please make check payable to *Friends of Elysian Charter School*
- Credit Card: Please charge the donation amount to the following credit card: AMEX Visa Mastercard

Name on Card: _____ Card Number _____

Billing Address _____ City, State, Zip _____

Expiration _____ CVV2 (Security Code) _____

Section 3 COMPANY MATCH?

*Nearly 15% of funds raised in 2016/2017 came from company matching!
Please consider looking into this potential opportunity at your workplace.*

- Yes! Name of Company _____ No

Section 4 ACKNOWLEDGEMENT

PLEASE CHOOSE ONE:

- I authorize *Friends of Elysian Annual Appeal 2017/2018* to publicly acknowledge my donation. (Amounts will not be cited.)
- IMPORTANT!** I/We would like my/our name(s) listed as: _____
(As relevant, please include any additional persons and specify different and/or hyphenated last names.)
- Anonymous

All contributions are tax-deductible to the extent allowed by law. Tax ID# 22-3536228

Section 5 SEND

If you would prefer to make a secure online donation, please go to www.ecsnj.org/support/donate/.

Please mail the completed form (with donation if paying by check) to the address below, or drop it off to Deb or Susan in the school office.
Friends of Elysian Annual Appeal • 1460 Garden Street • Hoboken, NJ 07030

Thank you for your support!