LOGO HERE

# Business Information

**Support our public schools. Donate today!**

Business Name: Phone:

Address: City:

State:

Zip:

Email:

Contact Name:

EIN/Tax ID #:

**Business Donation**

My business will be making a **TWO-YEAR pledge**: (75% Tax Credit)

**Two-Year Pledge:**

Pledge $266,000 | Annual Gift $133,000 | Annual Tax Credit $100,000

**Other Amount: $**

My business will be making a **ONE-YEAR gift**: (50% Tax Credit)

**One-Year Gift:**

Gift $200,000 | Tax Credit $100,000

**Other Amount: $**

# Payment Options

Online Giving [Insert URL]

Check

Make payable to: [Insert District Information]

Credit Card Mastercard | Visa | American Express | Discover

Card #: Exp. Date: CSV: Cardholder Name: Signature: Date: