

Brookstone School Annual Fund

Name _____

Address _____

City _____ State _____ Zip _____

Email address _____

Phone () _____ Class of _____

Please make your tax deductible gift to:

Brookstone Annual Fund

Matching gift form is enclosed.

I/We have included Brookstone in my/our will, trust, or other planned gift.

Send information on how to include Brookstone in my will, trust or other planned gift.

Giving Categories

Founders' Club (\$5000 & above)
Headmaster's Circle (\$2500-\$4999)
Sustainers (\$1500-\$2499)
Cougar Club (\$500-\$1499)
Pacesetters (\$100-\$499)
Blue and White Team (\$50-\$99)
Contributors

REMINDERS: Please complete this form to ensure that your gift is accurately recorded. Should you have any questions, please call the Advancement Office at 706-324-1392. Return your gift with this form or make your gift online at www.brookstoneschool.org.

Amount of gift or pledge \$ _____

Amount enclosed \$ _____

Balance \$ _____

Master Card Visa

Expiration Date _____

Credit Card # _____

Signature _____

*Gifts of appreciated securities as well as contributions
of all sizes are welcome.*

Please designate the area that you would like
your contribution to benefit:

Academics Arts Athletics Financial Aid
 Greatest Need

If you wish, your gift may be made in memory or in
honor of an individual:

In memory of: _____ In honor of:

If you would like your gift acknowledged, please enclose
the name and address on a separate sheet.