



First and Last Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Please Check Affiliation:

- | | | |
|----------------------------------------------------|-----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Alumnus/a, Class of _____ | <input type="checkbox"/> Friend | <input type="checkbox"/> Faculty or Staff |
| <input type="checkbox"/> Parent of Alumnus/a | <input type="checkbox"/> Current Parent | <input type="checkbox"/> Former Faculty/Staff |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other _____ | |

I/We support Roycemore's Margin of Excellence:

Enclosed is my tax-deductible gift of \$ _____

Please charge my gift of \$ _____ to: Visa Mastercard AMEX *(circle one)*

Card #: _____ Exp. Date: _____

Signature: _____ Today's Date: _____

I/We wish to remain anonymous.

I/We would like to make a gift in: Honor of or Memory of *(circle one)*

Name: _____

Address: _____

My/our gift will be matched by: _____
Please include matching gift form, if applicable.

I/We pledge \$ _____.

I have made provisions for a deferred gift (bequest/trust).

I wish to make a gift of securities. Please contact me.

Please make checks payable to Roycemore School. Our fiscal year ends June 30.

Thank you for your generous support!