



Thank you for your thoughtful inclusion of Roycemore School in your philanthropic gift plans.

Name: \_\_\_\_\_

*(As you would want it to appear for donor recognition)*

Preferred Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ E-mail(s) \_\_\_\_\_

How would you like to support the GriffIN Campaigns? *(Gifts of \$1,915 or more will be included in the 1915 Society)*

I would like to support the Annual Campaign in 2021-2022 with the amount

\$ \_\_\_\_\_

**Option 1: One-Time Gift** I (we) wish to make a one-time gift of \$ \_\_\_\_\_ to support the Annual Fund.

**Option 2: Pledge to be fulfilled by June 30, 2022**

I (we) wish to pledge \$ \_\_\_\_\_ to support the Annual Fund. Payments will be made in  
 semi-annual  Quarterly or  Monthly Installments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ months. Start  
Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_ Please

**Option 3: Payment from a Private Foundation or Donor Advised Fund**

*(Per IRS regulations, gifts from private foundations or donor advised funds cannot be used to satisfy a personal pledge)*

I would like to support the GriffINNOVATION Campaign with the following:

**Option 1: One-Time Gift** I (we) wish to make a one-time gift of \$ \_\_\_\_\_ to support the campaign.

**Option 2: Pledge to be fulfilled by June 30, 2026**

I (we) wish to pledge \$ \_\_\_\_\_ to support the Annual Fund. Payments will be made in  
 semi-annual  Quarterly or  Monthly Installments of \$ \_\_\_\_\_ over the next \_\_\_\_\_ months. Start  
Date: \_\_\_\_\_ Complete Date: \_\_\_\_\_ Please

choose the following if you have selected Pledge payment option:  Send Reminders  Automatically charge my credit card based on installment plan selected

### Payment Information

Check made payable to Roycemore School  Stock  Credit Card  Electronic Funds Transfer

If you would like to use a credit card, please visit our website or call 847-866-6055 to complete your transaction.

I/We have included Roycemore School in my/our estate plans in the following manner:

\_\_\_ Bequest \_\_\_ Trust \_\_\_ Other: Details as follows \_\_\_\_\_

### Additional Gift Information:

Notes regarding my gift and intent:



# ROYCEMORE

- I wish for my gift to remain anonymous
- My (our) gift is eligible for matching gift funds through:

By signing below I confirm the details of my commitment to Roycemore School and authorize payment of each commitment as noted above.

Signature \_\_\_\_\_ Date