



Abraham Lincoln High School | PO Box 36324 | Des Moines, IA 50315

Name: _____ LHS Class Year: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____

Signature _____ Date: _____

How do you wish to be recognized on the Honor Roll? _____

Contact Person/Referral _____

** _____ My employer will match this gift. Name of Employer _____

Please enclose matching gift form from your employer

My total pledge/gift level

- \$1 -- \$99 _____ Friend of Lincoln
- \$100 -- \$499 _____ Ambassador
- \$500 -- \$749 _____ Lincoln Pride
- \$750 -- \$999 _____ Century
- \$1,000 -- \$1,499 _____ Maroon & Gold
- \$1,500 -- \$2,499 _____ Railsplitter
- \$2,500 -- \$4,999 _____ Visionary Leader
- \$5,000 -- \$9,999 _____ Principal's Circle
- \$10,000+\$99,999 _____ President's Circle
- +\$100,000 _____ Lincoln's Legacy

--THREE PAYMENT OPTIONS--

OPTION 1 Automatic Deduction from my VISA or MasterCard

(There is a \$10 minimum per month)

_____ MasterCard _____ Visa One time gift \$ _____

36 monthly gifts of _____\$10/month _____\$25/month _____\$50/month _____\$100/month

Other \$ _____/month Name on card _____

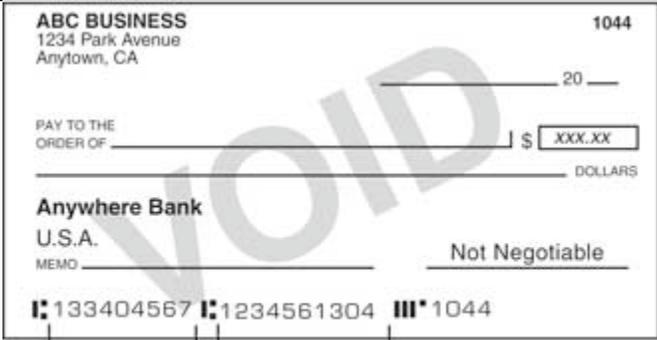
Card number _____ Expiration date: _____

Validation code (last three digits on back of the credit card): _____

**Thank you for your generous gift to the Lincoln High School Vision Campaign
All gifts are tax deductible to the extent of the current tax code
Please return this form to:**

OPTION 2 Automatic Withdrawal from Savings/Checking Account

Attach voided check here

	<p>1 Bank Routing Number (requires 9 digits)</p> <p>2 Bank Account Number (not to exceed 17 digits)</p>
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PLEASE PRINT LEGIBLY

I authorize Lincoln High School Vision Campaign to initiate electronic debit entries of \$_____ per month to my: _____ Checking Account OR _____ Savings Account.

On this day every month: ___1st day ___15th day for 36 months. Starting month _____.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date: _____ Financial Institution Name _____

Bank Account Number: _____

Bank Routing/Transit Number: _____

Financial Institution City and State: _____

Signature: _____

OPTION 3 I will send a check

Please make checks payable to ALHS Alumni Association – Vision Campaign

I/we will pledge \$ _____. Attached is my check for \$ _____.

Please bill me for the remainder. Specify month(s)/years(s): _____

**Thank you for your generous gift to the Lincoln High School Vision Campaign
All gifts are tax deductible to the extent of the current tax code**

**Please return this form to:
Abraham Lincoln High School | PO Box 36324 | Des Moines, IA 50315 | 515-242-7500**