



# Donation Form

I/we would like to contribute \$ \_\_\_\_\_ to Presentation Academy!

Please select fund:  Annual Fund  Tower Vision Building Campaign  Student Financial Assistance

## DONOR INFORMATION:

Name \_\_\_\_\_ Class Year \_\_\_\_\_  
*(If applicable.)*

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

## PAYMENT INFORMATION:

Full amount is enclosed.

Please charge the amount indicated above to my credit/debit card.

Name as it appears on the card \_\_\_\_\_

Card Type  VISA  MasterCard

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

My employer/my spouse's employer matches charitable gifts. Company name \_\_\_\_\_

*Please contact your Human Resources officer to learn the company's procedure for matching charitable gifts.*

## TRIBUTE & MEMORIAL GIFTS:

Please indicate if this gift is in someone's memory/honor:  Memorial Gift  Tribute Gift

Name of person to be memorialized/honored: \_\_\_\_\_

Whom should we notify of this gift?

\_\_\_\_\_  
Name Relationship to Honoree

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Phone Email

**Return form & payment to:** Presentation Academy, Advancement Office, 861 S. Fourth Street, Louisville, KY, 40203.

**Questions?** Contact Martha Brown Stephenson '84 by phone at (502) 583-5935 ext. 117 or via e-mail at

[mstephenson@presentationacademy.org](mailto:mstephenson@presentationacademy.org).