



Inspiring Young Minds



Gig Harbor Academy Recurring Giving

Once this form is complete, please fax it to Paul Hoover at 253 265 8124

Gift Information

Please circle amount you would like to give each month:

\$500 \$250 \$100 \$50 \$25 Other _____

How many months would you like to give the circled amount? _____

Credit Card Information:

Credit Card Number _____ Expiration Date _____

I authorize Gig Harbor Academy to process my above credit card for the above amount.

Signature _____ Date _____

Other Information

Please record your name/s as you would like it/them to appear in school publications.

Name _____ E-mail _____

Home Phone _____ Work Phone _____

Address _____

_____ *please initial here if you wish to remain an anonymous donor*

Please check where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Former Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Former Grandparent |
| <input type="checkbox"/> Alumni/ae | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Faculty/Staff | <input type="checkbox"/> Friend |

In Honor of _____

In Memory of _____