

York SCHOOL

Giving Form

Total Gift Amount: \$ _____

Gift Type: ___ One Time **OR**
___ Recurring*


*For recurring gifts, please include the following information:

I would like to make _____ of \$ _____ for a total of \$ _____
of payments

Payments made: ___ Semi-Monthly ___ Monthly ___ Quarterly ___ Semi-Annually

Please begin my donation on the: ___ 5th of the month ___ 20th of the month

Please apply my gift to:
___ Where the need is greatest (The York Fund)
___ Annual Scholarship Fund

I plan to make this donation in the form of ___ Checking Account **OR** ___ Credit Card 

Enclosed is a voided check OR credit card information (below) for my donation.

Credit Card Number _____ Expiration Date ___ / ___

I, *(name)* _____, authorize York School to transfer my donation from my checking/credit card account in the amount stated above for the period indicated as a charitable contribution to York School. My contribution will be transferred as noted, and I will receive a tax receipt in January for the previous calendar year's gifts. I understand that I may increase, decrease, or suspend my gift any time by contacting York School Advancement Office by phone or mail. All donations provided to York School originating as ACH transactions comply with U.S. Law.

Name(s) _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Email** _____

Signature _____ **Date** _____
(Required)

Thank you for your gift!

Send this completed form to the York School Advancement Office.

If you would like additional information about donating to York, please contact Kristine Edmunds, Director of Advancement at 831.373.4438 or kedmunds@york.org.

Please make a copy of this form for your records or request a copy from the York School Advancement Office.