



GREENFIELD

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CONTACT

Name(s) _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Email _____
☐ Please add me to your mailing list.

GIFT INFORMATION

___ I would like to make a Recurring Gift as a: ___ Monthly Gift ___ Quarterly Gift ___ Semi-Annual Gift
___ Annual Gift
Process my gift on the: ___ 5th of the month ___ 20th of the month Start Date: ____/____/____ (mm/dd/yyyy)
OR ___ I would like to make a One-Time Gift
.....
Please make this a ___ Donation ___ Memorial Gift ___ Honor Gift ___ Anonymous Donation
In Memory/Honor of: _____
Gift Amount \$ _____ (\$5.00 minimum)
Please apply my gift to: ___ Baseball Field ___ J. Christopher Gauss Endowed Memorial Scholarship
___ Laura Leslie Crudup Tennis Court Complex ___ Holly Tetterton Scholarship Fund
___ General Endowment Fund ___ Janet Beamen Memorial
___ Riddick Lamm Friendship Fund ___ Teacher Endowment Fund
___ General Scholarship Fund ___ Honor of Beth Peters Retirement
Comments: _____

PAYMENT INFORMATION

___ Enclosed is a voided check for my recurring gift. Please transfer my gift from my checking account.
***For One-Time Checking Account gifts, please include a completed check with your gift form.*
OR
___ My credit card information is listed below for my gift. Please transfer my gift from my credit card.
Credit Card Number _____ Expiration Date ____/____

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I understand my future gifts will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift at any time through the online donation form at www.greenfieldschool.org or by contacting Greenfield School by phone or mail. All gifts provided Greenfield School comply with U.S. Law.
Signature _____ Date _____
(Required)