



Individual Giving Form

Support the National Association of Episcopal Schools

- Yes! I/We want to support the ministry of the National Association of Episcopal Schools.
- Please send us information about NAES ministries and programs.

<input type="checkbox"/> Annual Fund	<input type="checkbox"/> The Rev. Jonathan T. Glass Memorial Fund	
Enclosed is my (our) check for \$ _____ or My (our) pledge of \$ _____ will be paid <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semi-annually <input type="checkbox"/> annually		
<input type="checkbox"/> Leader (\$10,000)	<input type="checkbox"/> Patron (\$1,000)	<input type="checkbox"/> Friend (\$50)
<input type="checkbox"/> Advocate (\$7,500)	<input type="checkbox"/> Sponsor (\$500)	<input type="checkbox"/> Donor
<input type="checkbox"/> Steward (\$5,000)	<input type="checkbox"/> Sustaining Friend (\$250)	
<input type="checkbox"/> Benefactor (\$2,500)	<input type="checkbox"/> Supporting Friend (\$100)	

My (our) gift/pledge is made in honor/memory of:

Donor's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Please make your check payable to *National Association of Episcopal Schools*.

Thank you for your support.