

# Shine Bright

2019 ANNUAL GIVING CAMPAIGN



I/we wish to participate in the Shine Bright 2019/2020 Annual Giving Campaign. Our family's gift will help SEES to reach its goal of 100% participation from current families in support of the Annual Fund for Excellence.

Name(s) preferred for recognition: \_\_\_\_\_

Student Name(s) & Homeroom(s): \_\_\_\_\_

And/or Gift made In Honor of: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

My gift of \$ \_\_\_\_\_ is enclosed/or \_\_\_\_\_ is pledged to be paid by June 30, 2020.

I/we would like to make our gift with the following method of payment (please select one or more):

Online: [www.seeschool.com](http://www.seeschool.com) Cash enclosed: \$ \_\_\_\_\_ Check enclosed: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card: No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CCV \_\_\_\_\_

Matching Gifts: If you or your spouse are employed by/retired from a matching gift organization, your support may be increased, matched or exceeded. Employer/Former Employer: \_\_\_\_\_

I/we DO NOT wish to participate in this year's Annual Giving Campaign (please initial and return this form to front office): \_\_\_\_\_