



The 2017 Annual Fund Matching Challenge Is On!

Donate or Pledge by April 30 and Double Your Impact!

Raising funds for programs that enrich the students of:
Da Vinci Innovation Academy, Da Vinci Communications, Da Vinci Design, Da Vinci Science

WAYS TO GIVE

To give online, visit: www.davincischools.org/makeagift.shtml

ONE-TIME GIFT

\$365 per family + \$100 per add'l child/ren (suggested donation)

\$1,000 \$500 \$250 \$100 \$50 Other \$ _____

Enclosed is my one-time gift of \$ _____

(Please make check payable to *Da Vinci Schools*)

Charge my total gift of \$ _____ to my credit card today.

MONTHLY GIVING

Set up monthly installments. Use PayPal (preferred) or a credit card.

Please charge my credit card \$ _____ each month.

You can change or stop your gift at any time. Contact us: (310) 331-8100.

\$30/month (suggested donation)

\$100/mo. \$50/mo. \$25/mo. \$10/mo. minimum

PLEDGE NOW, GIVE LATER

I would like to make a pledge totaling \$ _____

I wish to pay my pledge by Check Credit Card

I would like to pay in 1 2 3 equal installments (circle one)

Please select the months you would like to make equal installments:

Feb. Mar. Apr. May June

My first pledge payment is enclosed \$ _____

We will send you pledge reminders via email.

Email: _____

MATCHING GIFTS

Please contact your HR department and find out if your company has a matching gift program.

Employer(s): _____

My Company matches Yes No Not Sure

I will submit a matching gift form

Please contact me about making a matching gift to Da Vinci Schools

SECURITIES

To give a gift of stocks or bonds, please contact Carla Levenson at clevenson@davincischools.org.

DONOR INFORMATION

DONOR NAME _____

Phone: _____

Email: _____

Address: _____

City & State: _____ Zip: _____

I am a: Parent/Guardian Grandparent Faculty/Staff

Board Member Community Friend Alumni

Child _____

School _____ Grade _____

Child _____

School _____ Grade _____

Child _____

School _____ Grade _____

Name(s) for use in published report(s) _____

I want my gift to be anonymous

CREDIT CARD INFORMATION

AMEX VISA MC# _____

Expiration date _____ 3-4 digit SC _____

Name as it appears on card: _____

Billing address if different from above:

PLEASE DIRECT MY GIFT TO:

Da Vinci's Greatest Needs DV Innovation Academy

DV Communications DV Design DV Science

(All gifts \$1-365 will support the entire K-12 community. Contribution amounts over \$365 may be directed to your school of choice)

WE THANK YOU!

Questions? Please call us at **(310) 331-8100** or email us at giving@davincischools.org. Da Vinci Schools is a 501(c)(3) non-profit organization, Tax ID#26-3405843. All donations are voluntary and tax-deductible to the extent allowed by law.

Da Vinci Schools
201 N. Douglas St.
El Segundo, CA 90245

For office use only: DVIA _____ DVC _____ DVD _____ DVS _____ Amt. Rec'd _____ Initials _____