Clelian Heights School for Exceptional Children

*All Gifts will be recognized in our Annual Report which includes gifts from July 1 until June 30 of each year.*

## Please print this form and mail to:

Clelian Heights, Inc. Mission Advancement Office 135 Clelian Heights School Greensburg, PA 15601-6665

### Enclosed is my gift for Clelian Heights:

**$1,000.00** **$500.00** **$250.00** **$100.00** **$75.00** **$50.00** **$25.00** **Other NAME: ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**EMAIL:**

**PAYMENT TYPE:** MasterCard VISA Discover Check *(Payable to Clelian Heights)* Check #:

Card No.:

Expiration Date:

Cardholder’s Signature:

### TOTAL CHARGE AMOUNT: $

**Donor Recognition & Giving Levels:**

$25,000+ - The Mother Clelia Founders Club

$10,000—$24,999 - The Clelian Directors Club

$ 5,000—$ 9,999 - The Clelian Leaders Club

$ 3,000—$ 4,999 - The Clelian Partners Club

$ 1,000—$ 2,999 - The Clelian Guardians Club

$ 500—$ 999 - The Clelian Sponsors Club

$ 250—$ 499 - The Clelian Supporters Club

$ 100—$ 249 - The Clelian Friends Club Under $99 - The Clelian Donors Club

* *This is an* ***anonymous gift****, please do not publish.*

*Please use my gift for: (select one)*

* Project Fund
* Endowment Fund
* Operational Fund
* Specified for:



## Please make my gift :

In Honor of (Living or Deceased): Name:

In Memory of (Chapel Memorial for Deceased): Name:

# Please send notice of this gift to:

Name:

Address:

Thank You!!!

City:

State: ZIP:

# Enclosed is my Matching Gift form from my company.

Questions? Contact the Mission Advancement Office at 724-837-8120 ext. 123