



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This is an **anonymous gift**, please do not publish.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

City: _____ State: _____ ZIP: _____



Thank You!!!

Enclosed is my Matching Gift form from my company.

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