



## 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 Lane  
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☐ This is an **anonymous** gift, please do not publish.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 make my gift :

In Honor of (Living or Deceased):

Name: \_\_\_\_\_

In Memory of (Deceased):

Name: \_\_\_\_\_

Please send notice of this gift to (optional: living or relative of deceased):

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