



Founded 1876

FRIENDS ACADEMY ANNUAL GIVING

Name _____ Check If New Address
(Please Print)

Address _____ Phone (_____) _____
 City/Town _____ State _____ Zip _____
 E-mail _____

I/We intend to contribute \$_____ to the Annual Giving Fund
(Please remember our fiscal year ends June 30th)

_____ My check, payable to "FRIENDS ACADEMY," is enclosed

Charge my gift to:
 _____ Mastercard _____ VISA Card # _____ Expiration date: _____ / _____

Name as it appears on credit card *(Please Print)* _____

Signature: _____

Please enroll me as a member in the following Giving Society:

_____ Young Alumni Leaders \$100+ *(Alumni within 10 years of graduation)*
 _____ Red & Black Association \$1,000+ _____ Gideon Frost Society \$5,000+
 _____ 1876 Society \$10,000 + _____ Circle of Friends \$20,000+

_____ I am enclosing/will send my company's matching gift form
 _____ I have included Friends Academy in my estate plans
 _____ I would like more information about making a bequest or other planned gift to Friends Academy

Please mail your check, payable to "FRIENDS ACADEMY" to:

Friends Academy
 Development Office
 270 Duck Pond Road
 Locust Valley, NY 11560

Your gift is tax deductible under appropriate tax laws