



Foundation for Madison's Public Schools

Name (as it should appear in Foundation reports) _____

Address _____ City _____ State _____ Zip _____

Email Address _____

Phone Number _____ Home Work Mobile

I prefer to remain anonymous. Please do not publish my name as a donor to the Foundation.

I am an alumni of _____ School(s), class of _____.

My child/children attend(ed) _____ school(s).

Gift Amount \$ _____

My / our gift is enclosed (payable to FMPS)

Please charge my: Visa MasterCard American Express Discover

Card Number _____ Exp. Date _____ Security Code _____

Signature _____ Date _____

I pledge a gift of \$ _____ per year over _____ years; starting ____/____/____.

Total pledge amount is \$ _____

Please send me pledge reminder(s).

This gift is in honor of in memory of _____

Use of my gift:

Support the Foundation's work across the District

General Endowment Fund

Annual grants for creative and innovative projects and programs

School Endowment Fund for a specific school(s), Designated Endowment Fund, or ABC Fund

Name of fund(s): _____

[\(Click here](#) for a complete list of funds)

Please contact me regarding:

how my employer will match this gift

setting up a recurring gift

the transfer of stock to the Foundation

establishing a new fund

a gift to the Foundation through my will or other deferred giving plan

adopting a school

If you have any questions or need additional information, please call 608-232-7820.

Thank you!

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FMPS is a 501(c)(3) non-profit organization. Gifts are tax deductible as allowed by law.