



Schools Make Madison Champions Donor Commitment Form

Yes, I/we want to create opportunity for every Madison public school student! I/we will help underwrite the work of the Madison Public Schools Foundation by becoming a Schools Make Madison Champion.

DONOR INFORMATION

Name(s):

Home Address:

City: State: Zip Code:

Cell Phone: Other Phone: work home

Preferred Email Address:

Employer:

MMSD affiliation (check all that are applicable)

Alumni Parent/grandparent of student or alum Faculty/staff Friend

Schools:

GIFT INFORMATION

I /we will support the Foundation by making an annual contribution to the Foundation’s mission at the following level:

Table with 6 columns: Graduate (\$25,000+), Honor Roll (\$10,000-\$24,999), Leader (\$5,000-\$9,999), Principal (\$2,500-\$4,999), Educator (\$1,000-\$2,499), Scholar (\$500-\$999)

PAYMENT INFORMATION

I will make my Champions gift as follows:

Pay Now by check payable to Madison Public Schools Foundation. Send to: 2005 W. Beltline Highway, Suite 203, Madison WI 53703

Pay Now online at http://fmmps.org/donate-to-fmmps

Charge my Credit Card Visa MC AmEx Discover

Name as it appears on card:

Card Number: CVV:

Expiration Date: Signature:

I'd like to pay by ACH or Direct Deposit. Contact Kristin Wensing at kwensing@fmmps.org or 608-210-6905.

I'd like to pay in installments.

Split my gift into (#) payments starting on / / (date) and continuing:

Monthly Quarterly Annually

I will make a gift of stock. Contact Kristin Wensing at kwensing@fmmps.org or 608-210-6905.

I will make a contribution through a Donor Advised Fund.

Legal Name: Madison Public Schools Foundation, Inc. Tax ID: 39-2043104



DONOR RECOGNITION INFORMATION

For recognition purposes:

- Please list my/our name as: _____
- I/we wish to remain anonymous. Do not acknowledge my donation publicly.

ADDITIONAL GIFT & DONOR INFORMATION

- I/we will seek an employer matching gift.

For honor or memorial gifts:

Thank you for making a gift in honor or memory of a loved one, friend or acquaintance.
Your gift, at your request, can be acknowledged to the recipient as well as receipted to you.

My gift is in honor of _____ in memory of _____ (name).

Please send a tribute or memorial letter to:

Name: _____

Address: _____

City, State, Zip: _____

- Yes, I/we have included the Madison Public Schools Foundation in my/our estate plan.
- Please contact me/us about making a gift in my will or estate plan.

Thank you for your leadership and generosity.



Madison Public Schools Foundation

2005 W. Beltline Highway, Suite 203
Madison, WI 53713
608-210-6900
fmps.org

Contact Kristin Wensing at kwensing@fmps.org or 608-210-6905 with any questions.