**SYA Fund Donation Form**

Thank you for your support of SYA!

**SYA Affiliation: □** Alumnus/a **□** Parent **□** Friend **Country:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year:** \_\_\_\_\_\_\_\_\_\_\_

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

*As it should appear on a donor recognition list*

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** Home **□** Cell **□** Work

**I/We give to SYA because:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**□** *Please attribute this comment anonymously.*

**The SYA Fund closes June 30**

**THE 1964 SOCIETY**

$50,000 President’s Circle

$25,000 Founder’s Circle

$10,000 Global Circle

 $5,000 Ambassadors

 $2,500 Diplomats

 $1,500 Bridge Builders

 $500 Young Alumni Leaders

 (1-15 years out)

**Gift amount** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please make checks payable to School Year Abroad*

**Please direct my SYA Fund gift to:**

**□** Where it is needed most **□** SYA France

**□** Financial Aid **□** SYA Italy

**□** Faculty **□** SYA Spain

**□** SYA China

**Please note:**

**□** My gift is anonymous.

**□** I have included SYA in my estate planning.

**□** Please contact me about planned giving.

**□** My company will match my gift.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Company name*

**□** My gift is in honor / memory (circle one) of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Honoree name as it will appear in any tribute list*

**Credit card**

Please charge this gift ($10 minimum) to my:

**□** Visa **□** MasterCard **□** Amex

Cardholder name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp. \_\_\_\_\_ /\_\_\_\_ Billing zip code: \_\_\_\_\_\_\_\_\_\_

*Please print this form and mail to the address listed below.*

Donations are tax deductible to the extent provided by the law.

Please contact 978-725-6828 ext. 186 or giving@sya.orgwith any questions or to make a gift of securities.