

# The Piney Woods School



*“Changing The World...One Student At A Time”*

<b>Please print all information.</b> After completing all applicable sections of this form, please mail to:	<b>The Piney Woods School P.O. Box 99 Piney Woods, MS 39148</b>
<b>PERSONAL INFORMATION</b> <span style="float: right;">*required information</span>	

Title	First Name*	MI	Last Name*	Class Year*
Spouse Full Name		Spouse Class Year, if PWS Alum*		
Check any that apply:	<input type="checkbox"/> Alumnus/a <input type="checkbox"/> PWS Retiree <input type="checkbox"/> Current Student	<input type="checkbox"/> Friend <input type="checkbox"/> Anonymous <input type="checkbox"/> Church	<input type="checkbox"/> Faculty <input type="checkbox"/> Parent(s) <input type="checkbox"/> Organization	<input type="checkbox"/> Staff
Home Address*				
City*		State*	Zip Code*	
Email*		Area Code*	Phone*	

## GIFT INFORMATION

**I would like to:**     make a new gift.  
                           make a payment on an existing pledge.  
                           make a pledge.  
                           make a multi-year pledge

**Method of Payment:**  
 Cash                     Check (Payable to PWS)                     Electronic Bank Drafts  
 Stock/Securities     Wire Transfer                                 Personal Property/Real Estate  
 **Credit Card:**     Visa                                 MasterCard                                 Discover                                 American Express

Card Number: \_\_\_\_\_  
Card Exp. (month) \_\_\_\_\_ (year) \_\_\_\_\_  
Name as it appears on credit card: \_\_\_\_\_  
Signature: \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_                    Existing Pledge Amount: \$ \_\_\_\_\_

Total New Pledge Amount \$ \_\_\_\_\_

An initial payment of \$ \_\_\_\_\_ (enclosed)

**Pledge Period:**     This fiscal year                     2 years     3 years     4 years     5 years  
Send me reminders:  Monthly                     Quarterly                     Annually for 5 years

**Name as you wish it to appear in the Annual Report:** \_\_\_\_\_

**How I want my gift used (select one):**

<b>Current Use</b>	<b>Facilities</b>
<input type="checkbox"/> Where needed most	<input type="checkbox"/> Where needed most
<input type="checkbox"/> General Scholarships	<input type="checkbox"/> Education Building
<input type="checkbox"/> Programs	<input type="checkbox"/> Athletic Facilities
<input type="checkbox"/> Library & Technology	

**Other instructions** (e.g. indicate if your gift is in honor or memory of someone or for a specific fund or purpose): \_\_\_\_\_

**Employer Matching Gift Program**

You could double or even triple your gift without cost to you!

If you or your spouse works for a company with a matching gift program, you can obtain a matching gift form from your human resources department and mail the completed form with your gift.

