



# Yes, I'd Like to Support SPSF NWA

Name: \_\_\_\_\_  
(For Recognition Purposes)

Address: \_\_\_\_\_  
Number and Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

- ◇ Enclosed is my tax deductible contribution of \$\_\_\_\_\_ To donate online, please visit [www.spsfnwa.org](http://www.spsfnwa.org)
- ◇ I authorize SPSF NWA to establish a recurring monthly contribution of \$\_\_\_\_\_ on the \_\_\_\_\_ of each month

Financial Institution Routing # \_\_\_\_\_

Checking/Savings Account # \_\_\_\_\_

- ◇ I would like to charge my contribution \$\_\_\_\_\_ \_\_\_\_\_  
Name on card

Visa/Mastercard # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

### Giving Societies:

Freshman \_\_\_\_\_ \$50

Dean's List \_\_\_\_\_ \$2,500

Sophomore \_\_\_\_\_ \$100

Cum Laude \_\_\_\_\_ \$5,000

Junior \_\_\_\_\_ \$250

Magna Cum Laude \_\_\_\_\_ \$10,000

Senior \_\_\_\_\_ \$500

Suma Cum Laude \_\_\_\_\_ \$25,000

Graduate Society \_\_\_\_\_ \$1,000

Other \$ \_\_\_\_\_

- ◇ Please contact me to arrange for a donation of stock
- ◇ My business would like to sponsor an event
- ◇ My company offers a gift matching program
- ◇ I would like to become a volunteer with SPSF NWA

Signature \_\_\_\_\_

Date \_\_\_\_\_



16 West Colt Square Drive, Fayetteville, AR 72703  
(479) 935-4888 [www.spsfnwa.org](http://www.spsfnwa.org)