

Fairburn Pledge Drive 2021-22

Thank you for helping to support Fairburn Avenue Elementary. Our goal is for 100% of Fairburn families to participate. This year we are asking each family to donate at least \$950 per child, which is what FAB needs to pay for all of the enrichment programs it funds for the school. Please be as generous as you can to help us reach our goal--every pledge is meaningful to the community as a whole. FAB is a Section 501(c)3 nonprofit and your donation may qualify as a charitable deduction for federal income tax purposes. **(Tax ID: 95-3925264)**

DONOR LEVELS (per child enrolled)

PHOENIX CIRCLE (\$2,000 and above or \$223/month for 9 months)

All families who pledge at this level per child will receive a customized banner hung on the gate surrounding the school. You will also receive some incentives including a complimentary custom Fairburn gym towel, one of our awesome Fairburn t-shirts, one of our new Fairburn face masks, and a lawn sign. In addition, your family name will be added to our exclusive Phoenix Circle Banner.

BANNER LEVEL (\$1,200 or \$134/month for 9 months)

All families who pledge at this level per child will receive a customized banner hung on the gate surrounding the school.

Note: To reduce paperwork, we strongly encourage you to use our online payment system at <https://www.we-are-fab.com/donate/>. Otherwise, you may return this form electronically to fabdonation@gmail.com or turn it into the silver FAB box in the school office.

FAIRBURN PARTNER (\$950 or \$105/month for 9 months)

Thank you for your support of the school!

FAIRBURN FRIEND (\$1-949 or \$1-100/month for 9 months)

Thank you for your support of the school!

YES, please contact me about corporate matching.

I pledge _____ (per child) Total pledge amount: \$ _____

Name(s) _____

Child(ren) Name(s) _____

Grade(s) in Fall 2021 _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Choose a method of payment:

Check payable to "FAB" (enclosed) for entire amount

Please charge my credit card IN FULL

Please charge my credit card in NINE equal installments (9/21 to 5/22)

Account Number _____ Expiration Date _____

Name as it appears on card _____

Security code _____ Signature _____

Questions? We'd love to talk to you. Please contact Barbara Bridges-Tasco (bb@hjih.com) or Michelle Yu (fabbanner@gmail.com).

Tax ID: 95-3925264