



Name(s) \_\_\_\_\_

Company/Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**What is your connection to HSPVA?** Select all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Alumnus/a, Class of _____                       | <input type="checkbox"/> Faculty/Staff                   |
| <input type="checkbox"/> Parent(s) of an Alumnus/a, Class of _____*      | <input type="checkbox"/> Current Student, Class of _____ |
| <input type="checkbox"/> Parent(s) of a Current Student, Class of _____* | <input type="checkbox"/> Grandparent                     |
| *Name(s) of Student(s): _____  | <input type="checkbox"/> Other _____                     |

**What is(are) your Art Area affiliation(s)?** Select all that apply.

- |   |   |                                      |   |
|---|---|--------------------------------------|---|
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Instrumental Music | <input type="checkbox"/> Theatre     | <input type="checkbox"/> Vocal Music    |
| <input type="checkbox"/> Dance            | <input type="checkbox"/> Media              | <input type="checkbox"/> Visual Arts | <input type="checkbox"/> Not applicable |

**Please select a gift amount.** See reverse side for recognition options.

- |                                    |                                   |                                  |                                  |                                 |
|------------------------------------|-----------------------------------|----------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100  |
| <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$500   | <input type="checkbox"/> Other: |
| <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$250   | \$ _____                        |

**Pledge Status:**

- I will be making my gift in full today.
- I pledge to contribute the amount indicated above, and I will fulfill this pledge no later than:  
 December 31,  2018  2019

I will make payment as follows:

- In one payment, on or around \_\_\_\_\_ (date).
- Payments of \$ \_\_\_\_\_, made  Annually  Quarterly  Monthly
- Please send payment reminders.

My company has a matching gift program – Company name: \_\_\_\_\_

**Method of Payment:**

- I have enclosed a check made payable to “HSPVA Friends Capital Campaign.”
- Please charge my credit card:  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**Every gift is valuable to this campaign, and we deeply appreciate your generous support.**

HSPVA Friends is a 501(c)(3) non-profit organization. Donations made to this organization are tax-deductible to the full extent allowed by law. For more information, contact Matthew Jamison at [mjamison@hspvafriends.org](mailto:mjamison@hspvafriends.org) or 713.874.0087.

HSPVA Friends - 4119 Montrose Boulevard, Suite 210 - Houston, Texas 77006

For more information on the *Build the Extraordinary* campaign or to give online, visit [www.hspvafriends.org/downtown](http://www.hspvafriends.org/downtown).