

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 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 or 713.874.0087.

HSPVA Friends – PO Box 52910 – Houston, Texas 77052

For more information on the *Build the Extraordinary* campaign or to give online, visit www.hspvafriends.org/downtown.