



OAK MOUNTAIN ACADEMY

ANNUAL FUND CAMPAIGN 2016-2017

Name _____
(Please print your name as you wish it to appear in the *Annual Report*.)

Address _____

City _____ State _____ Zip Code _____

Telephone _____ E-Mail _____

Please check as appropriate.

Current Parent Alumni Alumni Parent Grandparent* Friend Faculty/Staff Trustee

* Please list the name(s) of your grandchild(ren) _____

Enclosed is my contribution of \$ _____
Please make checks payable to Oak Mountain Academy.

I/We pledge \$ _____ . Enclosed is a partial payment of \$ _____ .

I/We will pay \$ _____ in monthly installments over the next 7 months.
Pledge amounts should be paid in full by May 31, 2017.

Please charge my gift of \$ _____ to my credit card.

Visa MasterCard American Express

Name as it appears on the credit card _____

Card # _____ Exp. Date _____

Signature _____

I wish for my gift to remain anonymous

My company offers a ***Matching Gift Program***; the forms are attached.

Please circle the appropriate Giving Club Level

- Legacy Partners** **\$10,000 +**
- Trustee Council** **\$5,000—\$9,999**
- Founder's Society** **\$2,500—\$4,999**
- Leadership Circle** **\$1,000—\$2,499**
- Warrior Circle** **\$500—\$999**
- Benefactor** **up to —\$499**

Family of Funds

Through the *Family of Funds*, you may direct your gift to areas of personal interest while supporting essential elements of the Academy. Please indicate the area in which you would like to have your gift used.

- _____ **Fine and Performing Arts**
- _____ **Athletics**
- _____ **Tuition Assistance**
- _____ **Area of Greatest Need**
- _____ **Professional Development**
- _____ **Technology**