

# Camphill Special School Donation Form

**Print this form and mail it to:**  
Camphill Special School  
Attn: Development Office  
1784 Fairview Road  
Glenmoore, PA 19343

**Yes! I/We want to support the exceptional way of living and learning offered to children at Camphill Special School.**

Name(s) \_\_\_\_\_ Date \_\_\_\_\_  
(as you wish to be listed in Annual Report)

My/our gift is anonymous.

Address \_\_\_\_\_  
Street or P.O. Box City State Zip

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Enclosed is my/our gift of :**

\$5,000  \$1000  \$500  \$250  \$100  Other \$ \_\_\_\_\_

Check made payable to Camphill Special School

Charge my  Visa  MasterCard  American Express  Discover Card

Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

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

Signature: \_\_\_\_\_

*Levels of Giving*

Angel	\$20,000+
Guardian	\$10,000-\$19,999
Benefactor	\$5,000-\$9,999
Pillar	\$2,500-\$4,999
Champion	\$1,000-\$2,499
Sustainer	\$500-\$999
Friend	\$250-\$499
Supporter	\$25-\$249

Gifts of \$25 or more  
will be listed in the  
Annual Report.

**Matching Gift**

My/Our gift will be matched by \_\_\_\_\_  
and I/we enclose the matching gift form.

**Memorial Gift or Honorarium**

My/our gift is in  memory  honor of: \_\_\_\_\_

Please send an acknowledgement to:

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

Address \_\_\_\_\_  
Street or P.O. Box City State Zip

**Questions? Call the Development Office at 610.469.9236 x131  
Thank you.**