



#OneSummitFamily
2020-21 Family Fund
Letter of Intent

Donor Information:

Name(s): _____

Address: _____
street city/state zip

Preferred Phone: _____ Preferred Email: _____

Contribution Information:

I/We believe in the mission of and vision for Summit Charter School. As a show of support, I/we intend to make a new commitment of \$ _____ for the 2020-21 school year.

Designation: o Family Fund

I/We plan to make our payment*: o Now o Weekly o Monthly o Two payments o One payment o Other

*Please share timing of payments and any additional information about your contribution. Payments are due before June 30, 2021 _____

*Would you like your name and/or donation amount posted on our fundraising page? If so, please specify how you would like to be acknowledged _____

I/We plan to make this contribution in the form of:

- o Check (please make payable to Summit Charter School Foundation)
o Credit Card (please complete information below)
o Automated Bank Draft (email mhudson@summitschool.org form and for more information)
o Transfer securities (email mhudson@summitschool.org form and for transfer instructions)

Credit Card

o Please charge my/our gift to: o Visa o MasterCard o AMEX

Card # _____ Exp. Date _____ CVV# _____

Please make checks, corporate matches, or other gifts payable to:

Summit Charter School Foundation
370 Mitten Lane
Cashiers, NC 28717

Signature: _____ Date: _____

The Summit Charter School Foundation is a non-profit 501(c)3 North Carolina charitable organization. All gifts are tax deductible to the fullest extent of the law. Our federal tax identification number is 56-2039872.

Please return completed form to the Foundation address or send to mhudson@summitschool.org. If you have any questions, please call 828-743-5755. Thank you for making Summit a giving priority!



Información del donador:

Nombre(s): _____

Dirección: _____
street city/state zip

Número de celular preferido: _____ Correo electrónico: _____

Information:

Yo creo en la mission y visión que Summit Charter School tiene como escuela. Me comprometo a demostrar mi apoyo por la escuela _____ para el año escolar 2020-21

Plan de pagos: o ahorra o Semanal o Mensual o Dos pagos o Un pago o Otro

*Porfavor de mencionar cuando planea hacer su donación Pagos se deben de hacer antes de June 30, 2021 _____

*Desearia que la información de su donacion(nombre/ cantidad) fuera compartida con la comunidad _____

De cual forma desea hacer su contribución:

- o Cheques (al nombre de Summit Charter School Foundation)
o Tarjeta de crédito (llenar la forma abajo)
o Pago hecho directamente a través del Banco(email mhudson@summitschool.org para más información)
o Transferencia bancaria asegurada(email mhudson@summitschool.org)

Credit Card

o Please charge my/our gift to: o Visa o MasterCard o AMEX

Número de tarjeta # _____ Día de expiración _____ CVV# _____

Firma: _____ Fecha: _____

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Porfavor despues de llenar esta application y contactar a mhudson@summitschool.org. Si tiene preguntas o llamara 828-743-5755. Gracias por su ayuda y por hacer el excito de nuestra escuela su prioridad!