



# Gift Intent *form*

NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CLASS YEAR (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE ACCEPT MY GIFT OF \$ \_\_\_\_\_

*OR*

I WOULD LIKE TO MAKE A PLEDGE PAYABLE  
OVER \_\_\_\_\_ YEARS, BEGINNING \_\_\_\_\_

PAID ☐ ANNUALLY ☐ QUARTERLY ☐ MONTHLY

- Designation: ☐ Pen Ryn School's Most Appropriate Need  
☐ Scholarship Fund  
☐ Technology  
☐ Faculty Development  
☐ Educational Program

This gift is in Honor/Memory (circle one) of: \_\_\_\_\_

I would like a tribute acknowledgement letter sent to (name and address: \_\_\_\_\_)

## PAYMENT OPTIONS

☐ I have enclosed a check (The Pen Ryn School)

☐ Please charge my: ☐ Visa ☐ Mastercard

Subject to 3% processing fee

Name on card: \_\_\_\_\_

Card No: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

- ☐ I would like to make a gift of securities  
☐ Employee Matching Gift Program - Company Name: \_\_\_\_\_  
☐ The Pen School is in my/our estate plans  
☐ Contact me/us about bequests, trusts, annuities, and other Planned Giving Options  
☐ I would like to learn more about the Educational Improvement Tax Credit Program (EITC)  
☐ I wish for my gift to remain anonymous

### **Please complete and return form to:**

The Pen Ryn School  
Office of Advancement  
235 South Olds Boulevard  
Fairless Hills, PA 19030

### **For questions, please contact:**

Natasha Falcone  
Director of Advancement  
973.652.9979  
nfalcone@penryn.org