

Name _____ Maiden _____
(if applicable)

NT Class Year _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Preferred Phone: (check one) Home Work Mobile _____

Recognition Name: (check one)

My gift has been given anonymously. Please do not print my name in any recognition materials.

Please print my name in recognition materials as specified below:

Gift Amounts: I/We am/are pleased to support Start-Up U with a gift/pledge of: (check one)

\$15,000 \$10,000 \$7,500 \$5,000 \$2,500 \$1,000 Other \$ _____

Payment Methods: (check one)

Check made payable to *New Trier Educational Foundation*. Include on the Memo Line: *Start-Up U*.

Please charge my: VISA MasterCard Discover American Express

No. _____ Exp. _____ 3-digit code: _____

Signature _____

Return this completed form to: Marianne Breen
New Trier Educational Foundation
7 Happ Road
Northfield, IL 60093