



MIDDLETON GRANGE SCHOOL
GIFT FORM

Middleton Grange School

Title	First name	Last name	Maiden name (if applicable)
Street address		City	Postal code
Home phone	Work phone	Email address	
Please tick all that apply:			
<input type="checkbox"/> I am a past pupil _____ Class/year			
<input type="checkbox"/> My spouse, _____, is a past pupil, _____ Full name (include maiden name if applicable) Class/year			
<input type="checkbox"/> I am a parent of a current or past Middleton Grange School pupil.			
<input type="checkbox"/> I am a friend of Middleton Grange School.			
<input type="checkbox"/> Other affiliation: _____			

I would like to support Middleton Grange School with my gift of:					
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> other \$ _____
<input type="checkbox"/> Charge credit card \$ _____ monthly, beginning ____/____/____; ending ____/____/____					
I authorise Middleton Grange School to charge my <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard					
Account # _____ - _____ - _____ - _____			Expiration date _____ Month Year		
_____ Signature		_____ Date		_____ Print name as it appears on card	
<input type="checkbox"/> Enclosed is my cheque payable to Middleton Grange School.					

Please mail this completed form to
Middleton Grange School I Gift Fund, 50 Acacia Avenue, Christchurch, 8041.