

## Membership/Donation Form

Complete this form (please print) and mail with your check to: **South High Foundation, 3131 19th Ave. S, Mpls, MN 55407**

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Class yr. \_\_\_\_\_  
Spouse/Partner Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Class yr. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

I am/we are:  Alumni  Parent  Student  Staff  Friend

### Annual Giving Levels:

- \$5,000 Legacy
- \$1,000 Platinum Tiger
- \$500 Gold Tiger
- \$250 Silver Tiger
- \$100 Centurion
- \$50 Champion
- \*\$25 Medallion (\$40 couple)
- \$\_\_\_\_\_ Other

**Membership  
year begins  
July 1st**

- Matching gift form enclosed
- I would like to volunteer Best way to contact me: email phone mail
- Please send me information about wills and bequests

**Optional:** Designated for \_\_\_\_\_ (program/activity)

In Memory of \_\_\_\_\_ Class year \_\_\_\_\_

In Honor of \_\_\_\_\_ Class year \_\_\_\_\_

Please send my newsletter by email mail or both

\*basic membership level

**Thank you for your support!**

**Website: [southhighfoundation.org](http://southhighfoundation.org)**

#### Office use only:

CID \_\_\_\_\_ DR \_\_\_\_\_ CK \_\_\_\_\_ AT \_\_\_\_\_ TY \_\_\_\_\_ Note \_\_\_\_\_