

## 2018 Contribution Form

Please complete and mail to Breakthrough San Francisco, 350 Masonic Avenue, San Francisco, CA 94118. Thanks so much!

### I. Donor Information

Name(s): \_\_\_\_\_  
(As you'd like to be recognized in our Annual Report and other supporter acknowledgements.)

Please keep my gift anonymous.

Please complete only if you are a first-time donor, or have updates to share:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### II. Gift Amount

I'd like to support Breakthrough with a gift in the amount of:

\_\_\_\_\_ \$3,600 Funds one Breakthrough student for a full year of intensive academic enrichment and support

\_\_\_\_\_ \$2,500 Provides summer housing to one of our out-of-town Teaching Fellows, selected from a pool of over 400

\_\_\_\_\_ \$1,000 Provides a stipend to one Teaching Fellow in our 2018 summer teacher residency

\_\_\_\_\_ \$500 Sends a bus full of students on a Saturday college visit to Stanford or Cal this spring

\_\_\_\_\_ \$250 Provides one week of professional coaching for a Teaching Fellow in our 2018 summer program

\_\_\_\_\_ \$100 Covers all supplies for an academic or elective class this summer

\_\_\_\_\_ \$50 Funds one day of healthy snacks for all 140 students in our 2018 summer program

\_\_\_\_\_ Other Amount (please specify): \_\_\_\_\_

My gift will be matched by my company: \_\_\_\_\_

### III. Payment Method

A check is enclosed, made out to San Francisco Day School – Breakthrough.

I'd like to contribute through a donor advised fund or make a gift of securities; please contact me with information.

Please charge my gift to the following credit card:

Name \_\_\_\_\_ Amount \_\_\_\_\_

Visa  Mastercard  Am Ex Account # \_\_\_\_\_

Exp Date \_\_\_\_\_ CCV \_\_\_\_\_ Signature \_\_\_\_\_

All contributions benefit Breakthrough San Francisco at SF Day School and are fully tax-deductible.