

HOUSTON GATEWAY ACADEMY

PAYMENT

I enclose my contribution of \$_____

Please charge my: MasterCard Visa

Account Number:_____

Expiration Date:_____

Cardholder's Signature:_____

Print Name:_____

GIFT DESIGNATION

Please direct my gift to:

Annual Fund

Endowment/Scholarships/Faculty Development

Capital Needs

Garden Fund

Library

Other:_____

This gift is in honor of _____.

This gift is in memory of _____.

Please send an acknowledgement to:

Name:_____

Address: _____

City: _____ State: _____ Zip: _____

Your Name: _____

Address: _____

Address: _____

Phone:(_____) _____ E-

mail: _____

Constituency: (Check all that apply)

Alumnus/Alumna

Parent of a current student

Grandparent of a current student

Faculty/Staff

Parent of a former student

Friend of the School

THANK YOU VERY MUCH!

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

RICHARD MARTINEZ JR.

