

Opening Doors Building a Gateway

Yes! I would like to contribute to the Gateway Academy Annual Fund.

Name: _____

Address: _____

Phone: _____

Email: _____

Affiliation with Gateway Academy:

____ Current Parent

____ Alumni Parent

____ Friend

____ Grandparent of _____

Enclosed is my **check** of \$ _____

Please **charge** \$ _____ to my credit card

____ Visa

____ MasterCard

____ Discover

Card Number: _____

Expiration Date: _____ / _____

Name as it appears on card: _____

Signature: _____

Please **match my gift** to the Gateway Academy Fund:

My company will match my gift

Company Name: _____

Telephone Number: _____

____ I wish my gift to be anonymous

Please mail this form with your check or credit card information to:

**Michele Bauman
Head of School
The Gateway Academy
3721 Dacoma Street
Houston Texas 77092**

**For Additional information:
Gateway Offices - 713.659.7900
mbaumana@thegatewayacademy.org**