

I would like to support Pointer Priorities

Just print and fill out this form and mail it to: PLHSFAA, 1220 Rosecrans St. #247, San Diego, CA 92106

Please print clearly:

Name: _____

Grad Year:_____ Name at Graduation:_____

Address:_____

City:_____ State:____ Zip:_____

Phone: (____)_____

Email: _____

To learn more about the
**Point Loma High School
Foundation and Alumni Association**
go to: www.plhsfaa.org

PLHSFAA is a 501c3 organization, and you donation is tax-deductible
as permitted by law. Please consult your tax advisor.

Tax ID #95-3800169

[] One-time Contribution:

\$1000 \$250 \$ 50

\$ 500 \$100 \$ 25

Other \$ _____

[] I would like to make a recurring MONTHLY gift of:

\$10 \$15 \$20 \$_____

I understand that my credit card will be charged every month for a
period of 12 months. (Or indicate number of payments preferred:____)

Method of Payment:

Check enclosed (made out to: PLHSFAA/Zeiger)

Please charge my: **Visa** **MasterCard** **AmEx**

Card Number: _____

Billing Address: _____

Exp. Date: _____ Billing Zip: _____

Signature: _____

I would like my contribution to primarily support:

Greatest Need Music Center Underfunded Sports

Technology in the Classroom Scholarships SCAPE

