



Yes, I would like to support the Coralwood Challenge!

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Relationship to School (i.e. Parent, Grandparent, Foundation Board, PTA Board, Alumnus/a, etc.)

Child(ren) _____ Teacher _____

Payment

My gift to the Coralwood Challenge of \$ _____ is enclosed.

I wish to contribute by: _____ Check _____ Credit Card

Checks made payable to Coralwood Foundation; credit card payments as well as recurring donations can be made online: coralwoodschool.com/coralwood-challenge

Matching Gift Program

My gift will be matched by my company _____.

As a guideline, please consider giving a minimum contribution of \$300 towards this year's Coralwood Challenge. All gifts are appreciated and are 100% tax-deductible.

CHALLENGE GIVING LEVELS:	\$300-499:	Burst of Sunshine
\$1000+:	Challenge Hero	\$100-299: Kindness Crew
\$500-999:	Shining Star	Up to \$99: Coralwood Champion

Thank you for your generous support of Coralwood!



Coralwood Foundation
2477 Coralwood Drive
Decatur, Georgia 30033
www.coralwoodschool.com

For additional information, please contact our Director of Development, Sharon Rhodes at Development@coralwoodschool.com