



PHARAOHS FOUNDATION, INC.
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WWW.PHARAOHSFOUNDATION.COM
(833) 637-1117

SUBMIT

PRINT

CLEAR FORM

DONATION FORM

Donor Information

1. Name: _____
2. Address: _____
3. City: _____ State: _____ Postal Code: _____
4. Contact Information
Home Telephone: _____ Work Telephone: _____
Mobile Telephone: _____ School Telephone: _____
Email Address: _____
5. Amount of Donation: \$ _____ Recurring? ☐ YES ☐ NO
6. If recurring, what frequency?
☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Semi-monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
7. Do you prefer to make this donation anonymous? ☐ YES ☐ NO
8. How did you hear about us? _____
9. Would you like to sign up for our email list for updates on activities, events, fundraising, and more? ☐ YES ☐ NO

Sponsorship Information

11. If you would you like to sponsor the participation of a specific high school sophomore, junior, or senior in the National Pharaohs Society, please provide the following information for the student:

Name: _____ Address: _____

Phone: _____ Email: _____

High School: _____ Phone: _____ Grade Level: _____
