



SUBMIT

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CLEAR FORM

PHARAOHS FOUNDATION, INC.  
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[WWW.PHARAOHSFOUNDATION.COM](http://WWW.PHARAOHSFOUNDATION.COM)  
(833) 637-1117

## 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: \_\_\_\_\_

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