JOIN OUR COMMUNITY

Please complete and return this form, or donate on-line at:
www.CornerstoneSchools.org

Personal Information:

[] Mr. [] Mrs. [] Ms. [] Dr. [] Other _____ Last Name: _____ First Name: _____

Address: _____ [] Home []Business Business Name: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____

Contribution Level – Cornerstone Community of Friends:

[] **Community Friend** **$10/month** **$120/year**

Please Bill Me: [] Annually ($120)
Deducted on this date annually

[] Quarterly ($30 per quarter…credit card commitment required)
Deducted on the 1st, every 3 three months

[] Monthly ($10 per month…credit card commitment required)
Deducted on the 1st of every month

[] **Excellent Friend** **$42/month** **$500/year**

Please Bill Me: [] Annually ($500)
Deducted on this date annually

[] Quarterly ($125 per quarter…credit card commitment required)
Deducted on the 1st, every 3 three months

[] Monthly ($42 per month…credit card commitment required)
Deducted on the 1st of every month

[] **Leadership Friend** **$100/month** **$1,200/year**

Please Bill Me: [] Annually ($1,200)
Deducted on this date annually

[] Quarterly ($300 per quarter…credit card commitment required)
Deducted on the 1st, every 3 three months

[] Monthly ($100 per month…credit card commitment required)
Deducted on the 1st of every month

[] **Freedom Friend –** Your gift of any size matters. Help build our community with this one-time gift of your choice.
[] $20 [] $35 [] $50 [] Other: $ _____

Contribution Level – Cornerstone Partner Program:

[] **Founding Scholarship Partner** – Help continue the work of Cornerstone's founders **$2,500/year**

[] **Family Scholarship Partner** – Help Cornerstone families attend Cornerstone **$3,250/year**

[] **Full Scholarship Partner** – Support educational excellence **$6,500/year**

[] YES, I am interested in learning more about Cornerstone's Partner Program, and how I can change a child's life by attending Partner Mornings just four days per year. Please contact me.

Payment Options:

[] Check for annual payment enclosed.

Please make your check out and mail to: **Cornerstone Schools Association 6861 E. Nevada Detroit, MI 48234**

[] Please bill my credit card in the amount of: _____ for my first/annual payment
[] Visa []Master Card [] Discover [] American Express

Card Number: _____ Exp. Date: ___/___ Zip Code for **billing address**: _____

Signature: _____

Cornerstone Schools is a qualified 501(c)(3) organization. For tax reporting purposes, a receipt for your gift will be provided to you at a later date under separate cover.