



Newport Harbor Educational Foundation - *Building the Future, One Student at a Time*

Help us reach the first \$100,000 of our \$500,000 annual goal. When we meet it, YOUR DONATION WILL BE MATCHED by the David A. Pyle Family!

Here are examples of how you can help:

- \$50 will buy one hour of a NHHS math teacher to tutor teens in the **MATH LAB**
- \$100 pays for a substitute when your teacher attends a **professional development** conference
- \$250 transports NHHS **business students** to state-wide competitions
- \$500 will provide a Nikon d3200 **digital camera** for Harbor’s photography students
- \$800 will buy a laptop computer for **science experiments/labs**
- \$1,000 - Admiral’s Club (includes 2 tickets to Benefit & invitation to annual donor event)

AND in addition to the Pyle match, NEW donations of \$2500 or more will be matched by the Living Legacy Foundation! Or if you increase your donation from last year \$500 or more, it will also be matched (applies only to gifts of \$2500+) up to \$60,000 in 2019-20!

- \$2,500 –Lieutenant’s Club (2 Benefit tickets, 2 Home Tour tickets & invitation to annual donor event)
- \$5,000 –Tower Donor (4 Benefit tickets, 4 Home Tour tickets & invitation to annual donor event)
- \$10,000 – Clock Tower Donor (6 Benefit tickets, 6 Home Tour tickets, listing on permanent donor wall & invitation to annual donor event)
- \$25,000 – Bell Tower Donor (8 Benefit tickets, 8 Home Tour tickets, listing on permanent donor wall & invitation to annual donor event)
- \$50,000 – Steeple Donor (10 Benefit tickets, 10 Home Tour tickets, listing on permanent donor wall & invitation to annual donor event)
- \$100,000 – Spire Donor (12 Benefit tickets, 12 Home Tour tickets, listing on permanent donor wall & invitation to annual donor event)

Name(s) for publication:_____

Student(s) Name(s) & Graduation Year(s)_____

Address_____

E-Mail_____ Phone_____

Please charge a donation of \$_____ on my credit card #_____

Card’s Expiration Date_____

I would like to make a monthly gift of \$_____. Charge my credit card each month until _____.

I will mail my check for \$_____ payable to NHEF to NHEF, 600 Irvine Avenue, Newport Beach, CA 92663.

____Initial here to be listed as an ANONYMOUS donor – Do not publish my name.

See if your employer will match your donation at <https://doublethedonation.com/SupportNHHS>

Please COMPLETE this form and MAIL TO THE FOUNDATION.