



2025-2026 CONTRIBUTION FORM

(This form required only for contributions of \$300 and more)

Contact Name: _____

Organization/Business (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Gift Levels, Please Indicate:

<input type="checkbox"/> \$2,000+	Knights' Round Table Fund	<input type="checkbox"/> \$300-\$499	Founders Fund
<input type="checkbox"/> \$1,000-\$1,999	Knight Fund	<input type="checkbox"/> \$100-\$299	Gold Fund
<input type="checkbox"/> \$750-\$999	Crusader Fund	<input type="checkbox"/> \$50-\$99	Blue Fund
<input type="checkbox"/> \$500-\$749	Squire Fund	<input type="checkbox"/> \$25-\$49	Benefactor Fund
		<input type="checkbox"/> \$5-\$24	Annual Fund

Scholarship Name: _____

Scholarship Guidelines (*Please list stipulations of scholarship*):

Will someone be presenting the scholarship at Senior Awards Night in May? YES NO

If yes, please note that the Awards Ceremony will be at **7:00 pm on Friday, May 15, 2026** at Castle High School. All presenters are asked to report to CHS between 6:30 and 6:45 pm.

If Yes, name of person presenting the scholarship: _____

Phone: _____ Email: _____

**This form is only necessary if donating \$300 or more.
Please mail the completed form with your check.**

THANK YOU!