

**Yes**, I want to support the SummerGATE Scholarship Fund and receive **Priority Registration**.  
I have enclosed my tax-deductible contribution of:

- \$35.00  
 \$50.00  
 \$75.00  
 \$125.00  
 other: \_\_\_\_\_

*Please print your name as you want it to appear on our Scholarship Honor Roll.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

*If you prefer to remain anonymous check this box:*

Grade(s) of your child(ren): \_\_\_\_\_ e-mail: \_\_\_\_\_

School your child(ren) attend(s): \_\_\_\_\_

*Please make your check payable to G.A.T.E.  
Your gift in any amount is gratefully received and carefully used.*

**Mailing Address:**

*SummerGATE  
1456 9th Avenue  
San Francisco, CA 94122*