

Annual Campaign Donation Form

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Gift Amount: \$ _____ Date: _____

Please select an area in which to designate your gift

_____ Where the need is greatest _____ Academic Program _____ Jewish Life _____ Affordability

_____ I/We wish to make this donation anonymously

Payment Information

_____ Enclosed is a check payable to Solomon Schechter Day School

_____ I would like to pay by credit card

Cardholder's Name: _____

Card Number: _____ Expiration Date: _____ Security Code: _____

This gift is in honor of: _____

This gift is in memory of: _____

Please send notification of this gift to: _____

If your company has a matching gift program, please send form to 60 Stein Circle, Newton, MA 02459.