



DONATION FORM

Name(s) _____
(As you would like to have it appear on donor acknowledgements - except for gifts given anonymously.)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I/We support the Tehiyah Day School Annual Fund and would like to make the following tax-deductible gift: \$ _____

Enclosed is my check made payable to Tehiyah Day School.

Please bill my: Visa MasterCard

Card # _____ Expiration month/year _____

Billing Address: Street # _____ Zip Code _____

I'd like to make monthly installments of \$ _____ on my credit card.

I pledge the amount stated above and will pay in full by June 30.

I would like to remember Tehiyah Day School in my will or living trust. Please send further information.

I would like to give my donation anonymously.

My gift is: in honor of in memory of _____

Please send a card acknowledging my gift to: _____

Additional comments or information: _____