

Donations

Donor Information

Name(s) of Donor(s) If this is from a corporation or foundation, please provide the name of a contact person.	
Address	
City	
State	
Zip Code	
Telephone	
Email Address	
Relationship of Donor to School (Student's Name and Grade, Alumni's Name and Year of Graduation, Vendor, Faculty, Administration, Etc.)	

Donation Information

I (we) pledge a total of ___ \$50 ___ \$100 ___ \$200 ___ \$500 ___ \$1,000 ___ other (\$ ___)
to be paid ___ now ___ monthly ___ quarterly

I (we) plan to make this contribution via ___ check ___ credit card ___ PayPal (please see our website at www.sof.edu/families/support/)

Credit Card Type	MasterCard VISA American Express
Credit Card Number	
Expiration Date	
Authorized Signature	

I (we) will arrange for this donation to be matched by _____
(company/family/foundation). I (we) have ___ enclosed the form ___ will forward the form

I (we) would like ___ our gift to remain anonymous ___ use the following names in all
acknowledgements _____

Please make checks, corporate matches, or other gifts payable to School of the Future Parents Association and send them to School of the Future Parents Association, Attention: Treasurer, 127 East 22nd Street, New York, NY 10010.

School of the Future Parents Association is a federally recognized 501(c)(3) nonprofit organization. All donations are tax deductible.

Thank you for your generous support.