



YES, I want to support my child's education! Below is my donation information:

Student's Name _____ Grade _____

Parent/Guardian Name _____

Street Address _____

City _____ Zip _____

Phone # _____ Email Address _____

I can make a one-time donation of:

\$150 \$250 \$400 \$500 \$1000 Other \$ _____

(Suggested)

- OR -

I can make a monthly donation of \$ _____

I am enclosing a check payable to the **SOF Parents Association**.

*Please mail to: School of the Future Parents Association
127 East 22nd Street
New York, NY 10010
Attn: Treasurer*

I will make my donation online through Paypal.

Please see the SOF website for the SOF Parents Association donation button which enables donations via credit card. <https://www.sof.edu/families/donate-3/>

I want to charge my gift to: VISA Mastercard American Express Discover

Cardholder's Name _____ Zip Code _____

Card # _____ CVV No.* _____

Exp. Date _____ Signature _____

** If you do not provide your CVV no. on this form, please provide a phone number for us to call you to get it privately.*

My company can match! Company Name _____

Please make a donation via the method your company requires to make it eligible for matching. If your company requests identification of an SOF PA officer, please list Tina Verdon, SOF PA Treasurer, sofparent@gmail.com.