



CONTRIBUTION FORM

I would like to make a donation to Pardes Jewish Day School.

_____ Please use this contribution where the School needs it most.

_____ I wish to designate my gift to a specific fund or purpose as indicated below:

- | | |
|---|---|
| <input type="checkbox"/> General Fund | <input type="checkbox"/> PJDS Keshet Communities (formerly PTO) |
| <input type="checkbox"/> Capital Campaign | <input type="checkbox"/> PJDS Scholarship Fund |
| <input type="checkbox"/> Athletic Program | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Library | |

Donation Amount \$

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

I prefer to make my donation by:

_____ Check (Payable to Pardes Jewish Day School)

_____ Credit Card

Visa MasterCard AMEX

Name as it appears on card: _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

Please mail your donation to: Pardes Jewish Day School
3916 E. Paradise Lane
Phoenix, AZ 85032
Phone: (480) 991-9141

Your donation is fully tax-deductible.

Thank you for thinking of Pardes!