

The Agnon School

Private Education. Jewish Values

To Make a Donation to Agnon,

Print this form and mail to: Agnon School, 26500 Shaker Boulevard, Beachwood, OH 44122
OR

Fax to: 216-464-3229

I wish to donate \$_____.

Name: _____
(Indicate how it should appear in the Annual Report)

___ I wish to contribute anonymously.

Address: _____

City, State, Zip: _____

Daytime phone (in case of questions) E-mail:
(____)-_____ _____

Payment Method:

- ___ Check made payable to Agnon School
___ Charge my gift to:
___ Visa ___Master Card ___American Express

Credit Card Number: _____

Exp. Date: ___/___ Signature: _____

Security Code on Back of Card: _____

Optional

This gift is being made ___ In honor of ___ In memory of

Special occasion to be acknowledged:

___ Birthday ___Aniversary ___Get Well ___Wedding ___Birth of Child

___ Staff Recognition ___Other _____

Please send an acknowledgement of my gift to:

Name: _____

Address: _____

City, State, Zip: _____

Thank you for your generosity and support. As a 501() (3) organization, all contributions are tax deductible to the extent allowed by law.