School of the Holy Childhood
Donation Form

Thank you for your support of developmentally disabled children and adults.
Please print clearly and fill out completely.

Donor Information

Name _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

If your gift is in memory or in honor of someone, please fill out the Memorial/Honor Gift Section.

Memorial/Honor Gifts

My gift is: ☐ in Memory ☐ in Honor

of _____

☐ I have already sent a card
☐ Please send a card to:

Name _____

Address _____

City/State/Zip _____

Method of Payment

Please choose one:

☐ Enclosed is my check for $_____

☐ Please charge my credit card for $_____ (minimum amount for charge is $25)

☐ VISA ☐ MasterCard

Account Number

Name on Card _____

Expiration Date _____

Signature _____

☐ I pledge the amount of $_____. Please bill me: ☐ monthly ☐ quarterly

Mail with check or charge, to:

School of the Holy Childhood
100 Groton Parkway
Rochester, NY 14623

Thank You!

You can also fax or email a charge.
fax to: (585)359-3722
email: dsalmon@holychildhood.org

Addition Information (optional)

☐ Please send additional information on planned giving, estate planning and stock donations.
☐ I am interested in volunteering. Please contact me.
☐ I have included Holy Childhood in my will.

Questions? Please contact Debra Salmon at (585)359-3710, ext. 140.