



CONTRIBUTION AUTHORIZATION FORM

Thank you for imagining, for believing, and for giving!

PERSONAL DONOR INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____

Employer _____ Position _____

___ I/We enclose a check of \$ _____ made payable to SCSD Education Foundation.

___ I/We wish my contribution of \$2,500 or more to become a named grant.

___ I/We wish to remain anonymous. (All contributions of \$25 and above will be publicly acknowledged unless donor wishes to remain anonymous.)

___ Enclosed is my employer's Matching Gift Form.

___ I/We wish to speak with SCSD Educational Foundation about planned giving, endowment, donating securities, or another form of donation.

___ I/We designate this as a Tribute Gift of in honor of: _____,

and I/we wish for this person to receive an acknowledgement by mail at the following location:

Address _____

City _____ State _____ Zip _____

___ I/We designate this as a gift in memory/honor of: _____

___ Other (please be specific regarding the nature of your gift/donation) _____

The SCSD Educational Foundation is a non-profit organization as described in the Internal Revenue Code Section 501(c)(3). Contributions are tax deductible to the extent provided by law.

___ We have made a donation using PayPal on your website.
(please email this form to teastman@scsdfoundation.org)

If you are donating with a check or money order, please send your donation and this form to:

SCSD Educational Foundation, PO Box 9827, Syracuse, NY 13290

For more information please contact:

Dr. Tanya Eastman, Interim Foundation Administrator

Phone: (315)418-0450 E-mail: teastman@SCSDfoundation.org