

Donation Information Form

Please mail the completed form to:
The Shoshana S. Cardin School (Development Dept.)
7310 Park Heights Avenue; Baltimore, MD 21208

The Shoshana S. Cardin School

Baltimore's Independent Jewish High School

Donor Information

Name _____ Email _____

Company/Organization (if applicable) _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Home Work Mobile

Donation Information

I/We would like to contribute a total donation of (\$U.S.) _____

- Enclosed is cash or a check made payable to The Shoshana S. Cardin School
- Please bill my (check only one): _____ VISA _____ MasterCard

Name as it appears on card _____ Credit Card Number _____

Expiration Date (mm/yy) _____ Security Code (3-4 digit code on back of card) _____ Signature of Authorization _____

Billing Address (if different from above) _____

Gift Designation

I/We would like this gift to be directed to:

- | | |
|---|--|
| <input type="checkbox"/> General Support | <input type="checkbox"/> Scholarship Support (Please check a specific fund if you have a preference) |
| <input type="checkbox"/> The Annual Fund Campaign | <input type="checkbox"/> The Friends of Shoshana S. Cardin Scholarship Fund |
| <input type="checkbox"/> The Capital Campaign | <input type="checkbox"/> The Rabbi Seymour L. Essrog Scholarship Fund |
| <input type="checkbox"/> The Library Fund | <input type="checkbox"/> The Jay A. Meyers Memorial Fund |
| <input type="checkbox"/> The Ann Zaiman Judaic Fund | <input type="checkbox"/> The Jacob Sokoloff Scholarship Fund |
| | <input type="checkbox"/> Other (Please Specify) _____ |

Tribute Gifts

I/We would like this gift to be made in honor/memory of:

Name(s) _____ In honor In memory Get well

Please send a tribute card in acknowledgement of my gift to:

Name _____

Address _____

Please sign the tribute card from _____

Special wording for card (if applicable) _____