



Annual Giving Campaign

DONATION FORM

Name: _____

Name in which donation is to be recognized (if different): _____

LJES Student(s) & Grade(s): _____

*Amount of Donation: _____ All donations are 100% tax deductible.

Address: _____

Phone Number: _____ Email: _____

Signature _____

Please check the applicable payment option and return this donation card and payment, if applicable, in the enclosed self-addressed stamped envelope.

- Enclosed check made payable to Friends of LJES, Inc.
- Credit card payment Exp. ____ / ____ CCV ____

- Contribution made through the Friends website at
www.friendsofljes.org/annual-giving-campaign/
- Installment payments (10 payments of \$ _____ /month)
by check or credit card. Exp. ____ / ____ CCV ____

- Stock donation

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Does your employer match donations? If so, please provide name of employer and applicable information: _____

*Our goal is 100% participation. Every dollar counts. The suggested donation is \$550 per child. No donation is too small. Donors who have contributed or pledged \$1,250 or more by Friday, October 18, 2019 will be invited to an Annual Giving Campaign Cocktail Celebration to be held on Friday, October 25, 2019. Friends of LJES, Inc. is a 501(c)(3) non-profit organization. Our Tax ID is 33-0080727.