



THE SOLOMON SCHECHTER DAY SCHOOL

DONATION FORM

DATE: _____

DONATION AMOUNT \$ _____

PLEASE PRINT ALL INFORMATION!

Donation from:

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Please notify the following recipient:

Name: _____

Address: _____

City, State, Zip: _____

The donation is being made:

IN HONOR OF: _____

IN MEMORY OF: _____

OTHER: _____

Signed: _____

Give/get credit to: _____

Please return to:

**The Solomon Schechter Day School
Administrative Office
Maxine Cohen Memorial Circle
3210 Dundee Road
Northbrook, IL 60062
Attention: Development Department
847-412-5674**