

TRIBUTE

Date _____

Donation Amount \$ _____ (\$18 minimum suggested donation)

**A tribute is a special way
to honor or remember
a friend or family member**

Donation From:

Name of Purchaser _____

Street Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Email _____

The donation is being made: In Honor of In Memory of Other

Name: _____

Description (graduation, birthday, promotion, etc.): _____

Please notify the following recipient:

Name of Recipient _____

Street Address _____

City _____ State _____ Zip _____

Please return to:

SSDS
Attn: Development
3210 Dundee Rd.
Northbrook, IL 60062
PH: 847.412.5651
FX: 847.412.0621

Apply Give/Get credit to: _____

Gifts that are applied to Give/Get are not tax deductible

Credit Card (Select One) Visa MC DISC AMEX

Card # _____ Exp. Date _____ CVV# _____ Cardholder Billing Zip _____

Cardholder Name _____ Cardholder Signature _____



**Solomon Schechter Day School
of Metropolitan Chicago**

בית הספר ע"ש ש.ו. שכטר