

THE BRONXVILLE SCHOOL
FOUNDATION

A community commitment to public education.

Name: _____

Address: _____

Phone: (H) _____

(B) _____

E-Mail: _____

If Alumni, Class Year: _____

Maiden Name: _____

Grades of children enrolled in the Bronxville School:

Gift Enclosed \$ _____

Pledge (payable by June 30th) \$ _____

My company will match my gift.

My donation will be given through a United Way Campaign (Foundation ID 040184).

THIS GIFT IS FOR:

Unrestricted Endowment

I am interested in including the Foundation in my estate planning.

I do not wish to be listed in the Annual Report of Donors.

Please make checks payable to: The Bronxville School Foundation, Inc. Your gift to the Foundation is tax deductible. Thank you for your support.

The Bronxville School Foundation

177 Pondfield Road

Bronxville, New York 10708

(914) 395-0515

www.bronxvilleschoolfoundation.org