



Yes, I want to support San Jose Episcopal Day School.

Name: _____

- Parent
- Grandparent
- Friend
- Faculty/Staff
- Past Parent
- Alumni - Class of _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Please direct my contribution to:

- The Area of Most Need
- Student Support
- Faculty Support
- Technology Support
- Classroom/School Enhancement
- Head of School Discretionary Fund

PAYMENT OPTIONS

Gift Amount: \$ _____

One-Time Gift

- My check made payable to SJEDS is enclosed.
- I will pay by credit card at www.sjeds.org.

Pledge

- Please divide my gift into equal payments and charge it to my monthly Smart Tuition account (now until May).

Does your company have a matching gifts program? If, so your gift may be doubled. View a list of participating companies at www.sjeds.org or ask your HR department.

Signature: _____ Date: _____

Please submit your completed form with payment to Jenny Clarke, Director of Development and Marketing.

Thank you for your support!



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Your gift is tax deductible as allowed by law.