



**THE JOSEPH SAMS SCHOOL IS A CHARITABLE 501(C)(3) ORGANIZATION.
ALL DONATIONS ARE 100% TAX DEDUCTIBLE.**

Name _____

Address _____

City, State, Zip _____

Telephone _____

PLEASE CHECK ALL THAT APPLY

_____ **GENERAL DONATION TO SUPPORT THE JOSEPH SAMS SCHOOL'S PROGRAMS AND MISSION**

_____ **I would like to make a one time gift of _____ to the school.**

_____ Enclosed is a check

_____ Please charge my credit card

Master Card or Visa (please circle one)

Account Number _____

Expiration Date _____

_____ **I would like to make a monthly gift.**

Please charge my credit card _____ per month

Master Card or Visa (please circle one)

Account Number _____

Expiration Date _____

_____ **HONOR GIFT TO COMMEMORATE A SPECIAL OCCASION OR HOLIDAY**

Honoree's Name _____

Address _____

City _____ State _____ Zip Code _____

_____ **MEMORIAL GIFT TO REMEMBER SOMEONE**

My Gift is in Memory of: _____

Please notify _____ of my donation

Address _____

City _____ State _____ Zip Code _____

FOR MORE INFORMATION, PLEASE CONTACT THE JOSEPH SAMS SCHOOL AT 770/461-5894