



Donation Form

Contact Information:

NAME _____

ADDRESS _____

EMAIL _____

PHONE _____

Are You:

A current J.S. Jenks parent? YES / NO If yes, what grade(s)? _____

A J.S. Jenks Alumnus? YES / NO If yes, what year did you graduate? _____

Donation Information:

I would like to make a donation in the amount of \$ _____

Payment Information:**CHECK THE APPROPRIATE BOX:**

By check (make payable to "Friends of J.S. Jenks")

By credit card (please circle one): *Visa / MC / Discover*

Card # _____ Expiration Date: _____ Code: _____

SIGNATURE OF CARDHOLDER

NAME OF CARDHOLDER (PLEASE PRINT)

Please print and return this form to:

Friends of J.S. Jenks
P.O. Box 27124
Philadelphia, PA 19118