



DONATION FORM

Name			
Address			
	City	State	Zip
Email		Phone	
Donation Amount: \$ _____			

Please make checks payable to The Community School

I/We make this donation:

In Honor of: _____ In Memory of: _____

Please send a letter acknowledging my Honor/Memory Gift to:

Name			
Address			
	City	State	Zip

Forms can be mailed to:
 The Community School
 P.O. Box 111
 Maynard, MA 01754