



# MetroWest Jewish Day School

## Donation Form

Please print this form and mail or fax to:

MWJDS – Development Office

29 Upper Joclyn Avenue

Framingham, MA 01701

Phone: 508-620-5554

Fax: 508-620-0945

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

This gift is made (check one)  in memory of  in honor of  on the occasion of  no occasion

\_\_\_\_\_

My relationship to the person in whose memory/ honor gift is made

\_\_\_\_\_

(parent, child, sibling, friend or other)

### Please send tribute card to

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

This card is from (list names) \_\_\_\_\_

Please make your check payable to MetroWest Jewish Day School. We will send you an acknowledgement letter to document your contribution to MWJDS for tax purposes.

*Thank you for your gift to MWJDS. If you have any questions,  
please call Michael Goldstein in the Development Office at 508-620-5554.*