



Yes, I want to support the mission of Classics for Kids Foundation!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Enclosed is my donation: \$ _____

Optional notations:

- This gift is for the Endowment Campaign.
 This gift is made made in honor or memory of: _____

Payment:

- My check is enclosed. *Please make your check payable to Classics for Kids Foundation.*
 Please charge my gift to the following card. *We accept Visa/MC/American Express.*

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____

Signature: _____

Planned Gifts:

- Please contact me about contributing securities or stocks, or to discuss a planned gift.

Matching Contributions:

- I have included a matching donation form from my employer.

Please mail completed form and payment to:

*Classics for Kids Foundation
P.O. Box 5977
Holliston, MA 01746*

Contributions to Classics for Kids Foundation are deemed charitable under section 501(a) of the internal Revenue code as an organization described in Section 501(c)(3). Please contact your accountant for any clarifications. Payments must be received before the end of the year to be eligible for a tax deduction in that year. There is no minimum contribution amount. U.S. Federal Tax ID 81-0516714.

