



Please send your message of help and hope for our students with learning differences.



Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

I want to send a message of support!

_____ \$25,000

_____ \$10,000-\$24,999

_____ \$5,000 - \$9,999

_____ \$2,500 - \$4,999

_____ \$1,000-\$2,499

_____ \$500-\$999

_____ \$250-\$499

_____ \$100-\$249

_____ Other amount \$ _____

Please see reverse side for honorarium information.

Check to Hillcrest School enclosed

Please bill my credit card

Number _____

Exp. date _____ Security code _____

Billing zip code _____

Honorariums and Memorials

Please make my gift in:

Memory of: _____

Honor of: _____

Send an acknowledgement of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

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