



Thank You For Your Support Of Garden Academy

Amount of donation:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

Donor Information:

Donor Name: _____ Garden Academy Contact: _____

Address: _____

City: _____ State _____ ZIP _____ Phone _____

Email: _____ Please do not add me to Garden Academy's Email list

Memorial Gifts / Honoree Gifts:

If this gift is a memorial or being made in honor of a person or special event, we will gladly send an appropriate acknowledgement

This gift is being made In memory of In honor of _____

Where would you like the acknowledgement sent? Name _____

Address: _____ City _____ State/Zip _____

(You do not need to provide address if acknowledgement is being sent to a Garden Academy family or staff member)

Who should we say this gift is from _____

Payment Information

Payment Method:

Check Visa MC AmEx Credit Card Number: _____ Expiration: _____

Name: _____ Approval Signature: _____

(As it appears on Credit Card)

Comments? Special Instructions?

I have attached comments/special instructions to this sheet

Please have a representative of Garden Academy contact me to discuss

Please submit this form to:

Garden Academy
276 Parker Avenue / Maplewood, NJ 07040
FAX: 973.761.6150

Questions?

Email us at: info@gardenacademy.org
Or Call 973-761-6140