

Thomas Jefferson Partnership Fund Annual Fund 2011-2012

Parent Name(s): _____

(Please provide first & last names of both parents if both names should appear on Donor List)

Student Name(s): _____

Parent Address: _____

Parent Email(s): _____

Grandparent Name(s) & Address: _____

(Please provide if they might like to receive a copy of our newsletter)

Here is our tax-deductible contribution to keep TJ strong:

\$50 _____ \$100 _____ \$250 _____ \$500 _____ \$1,000 _____ \$2500 _____ Other \$ _____

This is how we'd like to direct our gift (for detailed fund information see the PF website's "About Us" page):

_____ Priority Fund (unrestricted)

_____ Science & Technology Lab Fund (all research labs)

_____ Enrichment Fund (non-lab classroom needs)

This is how we'd like to make our gift:

_____ Check made payable to "TJHSST Partnership Fund, Inc."

_____ Credit Card - Please bill my credit card for the above stated amount.

_____ Automatic Monthly Contributions - Please bill my credit card monthly as follows:

\$ _____ per month, up to a total amount of \$ _____

MasterCard/Visa number: _____

Name on Card: _____ Exp. Date: Month _____ Year _____

Thank You for Your Gift to Support TJ!

TJHSST Partnership Fund, Inc. 6560 Braddock Road Alexandria, Virginia 22312

www.tjpartnershipfund.org 703.750.8317 jeffersonpartnershipfund@tjhsst.edu

TJHSST Partnership Fund, Inc. is tax-exempt under Section 501(c)(3) of the Internal Revenue Code

Federal EIN 54-1964039 United Way 8705 Combined Federal Campaign 81947