

2009 Spring Appeal

Parent Name(s): _____
(Please print name(s) as you prefer to have gift acknowledged)

Parent Address: _____

Student Name(s) & Year(s): _____

Employer Name(s): _____

___ We are interested in a tour of the TJ Laboratories. Please indicate preferred time (morning, lunchtime, evening) and if any lab is of particular interest _____

Yes, we are giving to sustain educational excellence with a charitable gift in the amount of:

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

***Ways to Support.* We would like our gift to benefit TJ as indicated:**

_____ ***Jefferson Innovation Fund*** – Meet TJ’s priority needs as determined by the Partnership Fund’s Board of Directors in consultation with the Principal

_____ ***Science and Technology Research Laboratories*** – Retool Jefferson’s labs for excellence in student research

_____ ***Equipment/Capital Needs*** – Improve classrooms and technology infrastructure

_____ ***Jefferson Learning Community*** – Fund faculty and staff training/development

_____ ***Endowment for Educational Excellence*** – Build the endowment that will provide long-term support for TJHSST

Ways to Give Your Gift.

_____ **Personal Check** - Made payable to “*TJHSST Partnership Fund, Inc.*” is enclosed.

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

<i>MasterCard/Visa number</i>	<i>Expiration Date</i> (month & year)	<i>Signature</i>	<i>Date</i>
<i>___ Number of Automatic Monthly Contributions</i>	Monthly contribution amount: \$10 \$25 \$50 \$100 Other \$ _____	Charge on this date (circle): 1 st 15 th 25 th Verify Total Amount to be Contributed: \$ _____	
<i>___ Single Contribution</i>	Single contribution amount: \$25 \$50 \$100 \$1000 Other \$ _____	<i>THANK YOU!</i>	