

Mail-In Donation Form

Your gift to Newmark School or Newmark High School will help to make a difference in the lives of special needs children.

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____ Email Address: _____

Gift Amount:

\$1000.00 \$500.00 \$250.00 \$100.00 \$25.00 Other \$ _____

Optional: This gift is in honor or memory of: _____

Please notify the following of my gift:

Name: _____

Address: _____

City, State, Zip: _____

Payment Information

Enclosed is my check payable to Newmark School

Enclosed is my check payable to Newmark High School

Matching Gift

Many employers match all or part of their employee's charitable donations. Please contact your Human Resources or Payroll department to learn if they offer a matching gift program.

My employer is able to match my gift and I have enclosed the necessary forms.

Company Name: _____

Please return this form with your payment to:

Newmark School
365 Emerson Avenue
Plainfield, N.J. 07062
Attn: Development Office