



**KSDS DONATION FORM**

**Please mail form to:  
Attn: KSDS Development Office  
Krieger Schechter Day School  
8100 Stevenson Road  
Baltimore, MD 21208  
410-824-2066  
mgillespie@soink12.ksds.edu**

**DATE** \_\_\_\_\_

**Donor name(s), Address(es), and phone no.--(please include first names of both spouses):**

---

---

**Donation Amount (minimum \$10 requested):** \_\_\_\_\_

**To: KSDS Scholarship Fund** \_\_\_\_\_  
**Special Offering** \_\_\_\_\_  
**Other Fund (please fill in name)** \_\_\_\_\_

**In Honor of** \_\_\_\_\_

**In Honor of** \_\_\_\_\_

**In Memory of** \_\_\_\_\_

**In Memory of** \_\_\_\_\_

**Speedy Recovery** \_\_\_\_\_

**Speedy Recovery** \_\_\_\_\_

**Other** \_\_\_\_\_

**Other** \_\_\_\_\_

**Send note to (incl. first names of both spouses)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Send note to (incl. first names of both spouses)** \_\_\_\_\_

**Address** \_\_\_\_\_ **Zip** \_\_\_\_\_