

Downtown Jewish Community School

Olive Tree Donation



I / We wish to donate:

Root(s) at \$3600 each (limit of 10) [receives "Silver" recognition]

Branch(es) at \$1800 each (limit of 20) [receives "Bronze" recognition]

Limb(s) at \$500 each (limit of 40)

Olive(s) at \$100 each

Leaf / Leaves at \$180 each

Please mail donation/payment to:

Downtown Jewish Community School
C/O Joan Schoenfeld
750 Spadina Avenue
Toronto, Ontario M5S 2J2

Charitable donation tax receipt to:

Name: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Payment method:

VISA CHEQUE (Make payable to "DJCS")

VISA #: _____ | _____ | _____ | _____

Expiry Date: _____ / _____ Signature: _____

If you wish to honour someone by your donation, please complete the following:

In honour of: _____

or

In memory of: _____

Optional: Address for acknowledgement card, if applicable:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____