

## **DONATION BY CHECK**

I am pleased to support Spaulding Academy & Family Services and its mission of supporting exceptional children and families toward a successful future.

## **LEAVE A LEGACY**

Contact the Development Office at 603-286-8901 ext. 107 to discuss planned giving options.

Today's Date:	Gift Amount:	discus	s planned giving options.
CONTACT INFORM	IATION —		
☐ Home ☐ Business			
Name:			
Phone:	Email:		
GIFT PREFERENCE	S <del></del>		
☐ I/We wish to remain anor	ymous. 🔲 I/We would like to tour Spa	ulding Academy & Family	Services.
☐ Please acknowledge this	gift as follows:		
☐ My company will match i	ny gift. Company Name:		
TRIBUTE GIFT —			
	pe a tribute, please complete this section		gift:
☐ In honor of ☐ In men	nory of		
Name:			
Please notify the following pe			
Name:			
State: Zip:	Unless otherwise specifi	ned, donations will be restri	cted to the Annual Fund.

## PLEASE MAIL CHECK AND COMPLETED FORM TO:

Spaulding Academy & Family Services
72 Spaulding Road • Northfield, NH 03276-4608
Attention: Development Office

Your gift is tax deductible to the extent allowed by law. Thank you for your generous gift to Spaulding Academy & Family Services.



Donate Safely and Conveniently Anytime
Our website offers secure access to donate
online at SpauldingServices.org/give