

THE BRONXVILLE SCHOOL  
**FOUNDATION**

*A community commitment to public education.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_

(B) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If Alumni, Class Year: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Grades of children enrolled in the Bronxville School:  
\_\_\_\_\_

Gift Enclosed \$ \_\_\_\_\_

Pledge (payable by June 30th) \$ \_\_\_\_\_

**My company will match my gift.**

**My donation will be given through a United Way  
Campaign (Foundation ID 040184).**

THIS GIFT IS FOR:

Unrestricted       Endowment

I am interested in including the Foundation in my  
estate planning.

I do not wish to be listed in the Annual Report of Donors.

***Please make checks payable to: The Bronxville School  
Foundation, Inc. Your gift to the Foundation is tax  
deductible. Thank you for your support.***

**The Bronxville School Foundation**

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Bronxville, New York 10708

(914) 395-0515

[www.bronxvilleschoolfoundation.org](http://www.bronxvilleschoolfoundation.org)