

Edmund Burke Academy
Kindergarten / Primary Building Campaign
Donation Form

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

() Parent () Alumni () Grandparent () Friend () Faculty / Staff () Other _____

Total amount pledged and / or donated _____

() My donation is enclosed

() I wish to give my gift in equal payments over 5 years beginning _____ date

Signature of donor _____

Make checks payable to Edmund Burke Academy and return with this card in the envelope provided.
