



Your unrestricted gift makes a difference....

Please complete information below and mail to:

Saddle River Day School  
147 Chestnut Ridge Road  
Saddle River, NJ 07458

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

Email: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

- I do not wish to receive future email correspondence
- I prefer to make my donations anonymously

My total gift this year is \$\_\_\_\_\_.

I have enclosed \$\_\_\_\_\_ and pledge the remaining \$\_\_\_\_\_ to be paid by June 30.

Please remind me of my pledge in

- December
- February
- April

My gift will be matched by

\_\_\_\_\_  
(Please forward company matching gift form with your gift.)

All gifts should be received by June 30 and are deductible for income tax purposes. All checks should be made payable to **Saddle River Day School**.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Alum of SRDS? Class Year

Information for Class Notes:

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Changes in address or other information:

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