

HESCHELFUND

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name(s) of Student(s): _____

Relationship to Student(s): _____

☐ Alumni Class of: _____ ☐ Faculty/Staff ☐ Friend

My/our gift to the Heschel Fund is: \$_____

Payment Method

- ☐ My/our check is enclosed (payable to Heschel)
- ☐ I/we will make payment via credit card online at www.heschelfund.com
- ☐ Please call for my/our credit card information
- ☐ I/we will pledge now and pay later (all pledges must be fulfilled by June 30)

☐ My/our company will match this gift

Company Name: _____

☐ Please call me/us to set up an installment payment schedule

☐ I/we would like to donate stock

Name to appear in recognition materials:

☐ I/we prefer to remain anonymous in recognition materials

The Heschel Fund supports these initiatives. Select the area you would like to have the greatest impact:

- ☐ Area of greatest need ☐ Athletics ☐ Campus Maintenance ☐ Community Events ☐ Creative Arts
- ☐ Extracurricular Opportunities ☐ Israel/Judaica ☐ Teacher Development ☐ Technology

Thank you for your gift. For further information, please contact the Advancement Office advancement@heschel.com or 818-368-5781 x301

Gifts are tax deductible to the fullest extent of the law.

Tax ID 95-2794822

Heschel

17701 Devonshire Street, Northridge, CA 91325

www.heschel.com

Giving Levels

1972 Founders' Circle
\$10,000+

Leaders
\$7,500-9,999

Guardians
\$5,000-7,499

Benefactors
\$2,500-4,999

Partners
\$1,500-2,499

Sponsors
\$500-1,499

Friends
Up to \$499

Benefactor donors and above will be invited to a special recognition event