

Please print this form and send to:

**Greenfield Center School
71 Montague City Rd.
Greenfield, MA 01301**

Name: _____

- Alum
- Parent
- Grandparent
- Friend

Address: _____

Phone: _____ Email: _____

Enclosed is my check payable to *Greenfield Center School*

Charge to VISA Mastercard

Card #: _____ Expiration Date: _____

CVV code: _____

_____ Cardholder Signature

_____ Cardholder Name (Please print)

1 x \$ _____ (one-time)

12 x \$ _____ (monthly)

Anonymous

In honor of _____

In memory of _____

Matching Gift Form included

***All gifts are tax-deductible!
We thank you for your kind support.***