



Donation Form

Donor Information

Name _____

Mailing Address _____

Email Address _____

Telephone _____

Gift Information

I want to make a **one-time** gift of:

- \$20.00
- \$30.00
- \$40.00
- \$50.00
- Other \$ _____

I want to make a **monthly** gift of:

- \$20.00
- \$30.00
- \$40.00
- \$50.00
- Other \$ _____

- My gift is unrestricted.
- My gift is restricted. (Please specify a designation below.)
 - After School Programs
 - Art, Music, Physical Education Programs
 - Curriculum
 - Operating Expenses (utilities, facilities, etc.)
 - Student Scholarship

Please mail to and make checks payable to:
Gateways Academy
10 Stanley Road
Shrewsbury, MA 01545

Thank you for your generous support!