



DONATION FORM

MARYLAND SCHOOL FOR THE DEAF FOUNDATION
P.O. BOX 636
FREDERICK, MD 21705
301-712-8921
WWW.MSD-FOUNDATION.ORG

I would like to make a donation to the Maryland School for the Deaf Foundation.
Enclosed is my Gift of \$_____

***The Maryland School for the Deaf Foundation, Inc. is a 501 (c)(3) tax exempt organization.
Contributions are fully deductible to the extent permitted by law. Employer Identification
Number: 52-1566505***

(Check one below)

_____ My donation is in memory of: _____ and may be
used to support students of the Maryland School for the Deaf.

_____ My donation is to be used specifically for: _____

_____ I am not designating a specific cause; the MSD Foundation may apply my donation to
unrestricted funds to be used to support students of the Maryland School for the Deaf.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DAYTIME TELEPHONE: _____

E-MAIL ADDRESS: _____

If you wish to donate using a credit card, please include the following info:

CREDIT CARD: VISA MC DISCOVER

EXP. DATE: _____ CSC SECURITY CODE _ _ _

AUTHORIZED SIGNATURE: _____

Thank you for supporting student success at the Maryland School for the Deaf!