
*First Name

*Last Name

*Street

*City

*State *ZIP

*Email

*Phone

* Required Information



Thank you for making a donation!

Type of Donation?

Personal Business

In honor/memory of _____

Does your employer provide matching funds? Let them know you've donated.

Amount

\$25 \$50 \$100 Other \$ _____

Payment

Personal check # _____ Business check # _____

Please make check payable to Town of Shrewsbury and include "Colonial Fund" in the memo line.

Mail completed form and check to: Shrewsbury Public Schools
 Attn: Colonial Fund
 100 Maple Avenue
 Shrewsbury, MA 01545

Please keep my donation anonymous