



Donor Name: _____

Address: _____

City/State/Province/Zip/Postal Code: _____

Email: _____

(a tax-deductible receipt will be emailed if donation is more than \$20)

Method of Payment:

Check or money order (payable to Learning Forward Foundation)

Credit Card: _____

Expiration Date: _____ 3-digit security code: _____

Cardholder's name: _____

I would like to apply a donation to the following fund(s):

General Scholarship & Grant Fund \$ _____

1985 Club \$ _____

Academy Scholarship Fund \$ _____

Academy Class of 2025 Scholarship Fund \$ _____

Dale Hair Affiliate Grant \$ _____

Equity in Action Fund \$ _____

Giving Tuesday \$ _____

Patsy Hochman Scholarship Fund \$ _____

Stephanie Hirsh Academy Scholarship \$ _____

Sybil Yastrow Academy Scholarship \$ _____

Virtual Walk/Run \$ _____

Check this box to set up automatic monthly donations.

Total Donation: \$ _____

Dedicate my donation in honor or in memory of someone.

In honor of

In memory of

Honoree Name: _____

Person to Notify

Recipient Name: _____

Recipient Email: _____

Message: _____

Thank you for your donation

Please send to: Learning Forward Foundation • 504 S Locust St. • Oxford, OH 45056

P: (800) 727-7288 E: foundation@learningforward.org F: 513-523-0638