

**Westfall Academy Donation Form**  
**727 Westfall Road**  
**Rochester NY, 14620**  
**585-442-0120**  
**www.westfallacademy.org**

Thank you for your contribution to Westfall Academy! Please fill out this form below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Monthly Donation**

I would like to support the Westfall Academy with a monthly donation.  
Please select the amount you wish to donate.

\$20    \$50    \$100    other \_\_\_\_\_

**One Time Donation**

Amount: \$ \_\_\_\_\_

**Select Method of Payment:**

Cash Enclosed

Check Enclosed (Please make checks payable to Westfall Academy, and indicate "Westfall Academy Donation" in the memo. If selecting monthly payment plan, please include void check.)

Credit Card (circle \_\_\_\_\_ one):



Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yy) Security Code: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you. Your donations are tax deductible.