

Please make your cheque/money order payable to:
The Calgary Jewish Academy
6700 Kootenay Street SW
Calgary AB T2V 1P7 (403)253-3992

Name: _____

Address: _____

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

Email Address: _____ Phone: _____

I have enclosed a _____ cheque/money order in the amount of:

_____ \$36 _____ \$72 _____ \$180 _____ \$360 _____ \$540 _____ \$1000 _____ Other

Please charge my _____ Visa _____ Mastercard _____ Amex

Cardholder Name (please print): _____

Card No. _____ Expiry date: _____

Signature: _____

YES My Company will match this contribution.

I want my donation to remain anonymous

I do not require a tax receipt

Name (if different than on the cheque) for tax receipt: _____

Charitable tax receipts are issued for gifts \$18 and over. Monthly payment options are available upon request. Charitable Registration Number: [10683-0797-RR0001](#)

Your contact information will not be shared, and will be used by The CJA to keep you informed about school and alumni events, other developments and fundraising activities.