



**I am happy to say *Hineni* and make a gift to The Toronto Heschel School's 2017 Annual Campaign – *Growing Together*.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

**Gift Level (please check One):**

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> <b>\$180</b> | <input type="checkbox"/> <b>\$720</b>       | <input type="checkbox"/> <b>\$3,600</b> | <input type="checkbox"/> <b>\$18,000</b> |
| <input type="checkbox"/> <b>\$ 72</b> | <input type="checkbox"/> <b>\$540</b>       | <input type="checkbox"/> <b>\$1,800</b> | <input type="checkbox"/> <b>\$10,000</b> |
| <input type="checkbox"/> <b>\$ 36</b> | <input type="checkbox"/> <b>\$360</b>       | <input type="checkbox"/> <b>\$1,000</b> | <input type="checkbox"/> <b>\$5,400</b>  |
| <input type="checkbox"/> <b>\$ 18</b> | <input type="checkbox"/> <i>Other</i> _____ |   |  |

**PAYMENT** can be made **ONLINE** at <https://ths.formstack.com/forms/hineni>

or choose one of the following options

Enclosed is my cheque payable to The Toronto Heschel School

Please charge my  Visa  Mastercard

Name on Card \_\_\_\_\_

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

Expiry Date \_\_\_\_\_ Version Code \_\_\_\_\_

Signature \_\_\_\_\_

Return to : 819 Sheppard Avenue West, Toronto, Ontario M3H 2T3 or  
drop your form off in the School Office

For further information please contact us at : 416-635-1876 ex 214 or

[maxmith@torontoheschel.org](mailto:maxmith@torontoheschel.org) or visit [www.torontoheschel.org](http://www.torontoheschel.org)

**THANK YOU FOR YOUR PARTICIPATION**