

Donation Form

I would like to support the students of Sharon School of Excellence, Inc.

My Donation is: \$ _____

I am Paying By: Check Cash Visa MasterCard

Card #: _____

Expiry Date: _____

Signature: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Please Don't Acknowledge My Donation Publicly

Please Mail My Tax Receipt

SHARON SCHOOL OF EXCELLENCE, INC.

6741 Pembroke Road, Pembroke Pines, FL 33023