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Please check all that apply:

- Yes, I want to make a donation of \$_____ , and have enclosed a check made payable to Independence Mission Schools.**
- My company has a matching gift program, and I have enclosed my matching gift form or submitted an online request for matching via _____.
(Company Name)
- I would like to make a gift of \$_____ via transfer of stocks. Please contact me with instructions.
- I am interested in learning about the OSTC/EITC state tax credit programs.

Name _____ Company (*if applicable*) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Please mail completed form to:

Independence Mission Schools
P.O. Box 37012
Philadelphia, PA 19122

Questions?

Contact Carolyn Moatz (Development Associate) at
610-200-5100 ext. 102 or cmoatz@independencemissionschools.org.

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