



Gift Form

Please download, print, complete, and send this form with check or credit information to:

The Rockwern Academy
8401 Montgomery Road
Cincinnati, OH 45236
Attn: Sam Lobar, Director of Development

Gift is from:

First Name _____

Last Name _____

Couple or family _____

I am/we are:

___ A Parent(s) of a current/past student – name(s) of student (s) _____

___ An Alumnus/a, class of ___

___ A grandparent of a current or past student – Name(s) of student(s) _____

___ A faculty/staff member

___ A special friend of the school

Address:

Street: _____ City: _____

State: _____ Zip: _____ Phone _____

E-mail _____

Direct my/our gift to (please only one per form):

The Friends Campaign Fund: _____

Other/name fund _____

Amount of gift \$ _____

Honor/Memorial Letter (Please provide name, address, and special instructions re to whom letter should go and in memory/honor of whom/what): _____

If paying by check please make check payable to: **The Rockwern Academy** or if by charge:

Charge to (Visa/Mastercard/American Express/Discover): _____

Expiration Date: _____ Zip Code: _____

Account number: _____ Name as it appears on card: _____