

NAME:					
ADDRESS:					
I AM A: (CIRCLE ONE)	Parent Faculty/Staff	Grandparent Board Member	Friend Other	Alumni	
CHARITAB	LE GIFT AMO	OUNT: \$			
METHOD OF PAYMENT:		: Check (Exce	Check (Excellence Fund in Memo)		
☐ Venmo @hancockdayschoo		ol Text 'Give' to	Text 'Give' to (706) 605-3667		
Scan QR code below			Charge to school FACTS account Monthly recurring —One time payment		
	• •	ve will be recognized on now you would like to be			

Thank you for your generous support of Hancock Day School!

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