

GIVING TUESDAY

Donor Name: _____

Business Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Form of Payment:

Check: Please make checks payable to **TRINITY ACADEMY**.

Credit Card: ___ Visa ___ Mastercard ___ AMEX

Name on card: _____

Card number: _____

Expiration Date: _____ Zip Code: _____ CSV: _____



THANK YOU

(860) 251-8337
www.trinityday.org



120 Sigourney Street
Hartford, CT 06105