

ST. JOSEPH SCHOOL ALUMNI FUND DONATION FORM

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

email Address: _____

Employer: _____

Business Address: _____

City: _____

State: _____ Zip: _____

Business Phone _____

The Alumni Fund operates on a July 1 – June 30 fiscal year

I/We support the Alumni Fund with the enclosed gift of:

___ \$10	___ \$25	___ \$35	___ \$50
___ \$125	___ \$250	___ \$500	___ Other

My matching gift form is enclosed.

Yes, I have included St. Joseph School in my will.

Payment Method:

Check (payable to the Alumni Fund)

VISA

MasterCard

Cardholder's Name (please print)

Name: _____

Card Number: _____

Expiration Date: _____

3-digit security code on back of card: _____

Signature: _____

Mail to:

St. Joseph School

Alumni Fund

126 Columbus Ave. N.W.

Canton, OH 44708