

ST. VINCENT DE PAUL HIGH SCHOOL ANNUAL FUND
2018-19 GIVING FORM

We are grateful that you have chosen to support our mission by making a charitable donation to the St. Vincent de Paul High School Annual Fund. Making a gift is quick and easy. Please use this form or make your gift online by going to www.svhs-pet.org/give.

GIFT:

I/We would like to make a commitment to the Annual Fund in the amount of:

\$5,000 _____ \$2,500 _____ \$1,000 _____ \$500 _____ Other \$ _____

Donor Name: _____ Date: _____

Address: _____

City: _____

State: _____ Zipcode: _____

Primary Phone: _____ Email: _____

Alumnus / Alumna Yes / No? _____ Graduation Year _____

PAYMENT INFORMATION:

I/We would like to make my/our gift in one payment _____ two installments _____ four installments _____

My/Our gift will be made by: Check _____ Cash _____

CREDIT CARD If payment is made by credit card, please supply the following information:

Name on Card _____

Signature _____

Address _____

Credit Card Type (Visa, MC, etc.) _____

Credit Card Acct # _____ Expiration Date _____

Security Code (3 or 4 digit number on the back of the card) _____

Email Address _____

MATCHING FUNDS PROGRAM My corporation has a matching funds program.

Corporation Name _____