ST. CATHERINE'S ACADEMY

A Boys' Catholic School with a Military Tradition

Wish List Giving Form

_____
Name

_____
Address City State Zip

_____
Daytime Phone

Wish List item: _____

☐ I would like to gives funds to purchase the item.

☐ I would like to give the item itself.

☐ I will bring the item to SCA. ☐ Please call to arrange pick-up of the item.

☐ I have enclosed a check for $ _____ made payable to **St. Catherine's Academy**.

☐ Please charge $ _____ my Visa or MasterCard. I have provided the necessary information below.

☐ I wish to give anonymously.

Credit Card Information (for credit/debit card donations only)

☐ Visa ☐ MasterCard

Card number: | | | | | | | | | | | | |

Card expiration date: _____ 3-digit security code: _____

Questions? Contact Joanna Ronan at (714) 772-1363 x 112 development@stcatherinesmilitaryacademy.org

Thanks for your support! SCA Federal Tax-ID: 95-1855672