ST. CATHERINE'S ACADEMY

A Boys' Catholic School with a Military Tradition

General Donations Form

_____

Name

_____

Address City State Zip

_____

Daytime Phone

☐ 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.

☐ My employer, _____, will match my gift.
Matching gift form: ☐ is enclosed ☐ will be sent later.

☐ I have included St. Catherine's Academy in my will and would like to share my plans confidentially.

☐ I wish to give anonymously.

Please allocate my donation to the following area:

☐ Area of greatest need / unrestricted ☐ Tuition assistance

☐ Facility renovations and improvements ☐ Other: _____

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 or development@stcatherinesacademy.org