



## Sts. Peter and Paul Salesian School

### Donation Form

#### Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

#### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ monthly \_\_\_\_ quarterly \_\_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check \_\_\_\_

Gift will be matched by \_\_\_\_\_ (company/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

#### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Sts. Peter and Paul Salesian School  
660 Filbert Street  
San Francisco, CA 94133