



St. Joseph Catholic School

Legacy- ANNUAL FUND & CHARITABLE GIVING

Through your Generosity, **THANK YOU** for making a Difference!

Please Complete this Form and Mail to:

St. Joseph Catholic School
Attn: Legacy Annual Fund Chairperson
11610 Atwood Road, Auburn, CA 95603

CONTACT INFORMATION

First Name
Last Name

ADDRESS

Home Business

Anonymous Gift?

Address Phone

City State Zip Code Country

E-MAIL ADDRESS

AFFILIATION (Please check all applicable boxes)

Alumni Faculty/Staff Parishioner Parent Grandparent* Relative Friend Business/Corporation
 Alumni Parent ** Class Year (s) Church Other

* Grandparent: Please list grandchildren that are currently or have attend SJCS. _____

** Alumni Parent: List Name and the year your child graduated. _____

GIFT DESIGNATION (Yes! I support and pray for St. Joseph Catholic School and have enclosed my tax deductible donation.)

\$2,000 \$1,000 \$500 \$250 \$100 \$50 \$25 Other

Please designate my gift as follows:

SJCS Annual Fund (Unrestricted Use- please use my gift where needed)
 Tuition Assistance Only Facilities and Equipment Only Other

PAYMENT OPTIONS

I have enclosed a check or a cashier's check made payable to: St. Joseph Catholic School

Please charge my credit card: VISA MasterCard Discover American Express

Credit Card Number Exp. Date Sec Code

Name as it appears on Card Signature

Please Bill as follows:

Annually Semi- Annually Quarterly Monthly Other
 Memorial Gift In Honor of

Please accept my donation; however I prefer my privacy and not be recognized in any SJCS Promotion or Publicity.

My employer / company's Matching Gift Form is enclosed.

Please contact me in regards to including SJCS as part of my Estate Planning or for Other Charitable Giving Options.

St. Joseph Catholic School

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