



# Pacelli Legacy Society

## >> Membership Form

### Donor Information

Donor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Gift Details

Type of Gift: \_\_\_\_\_ Sum of Gift (can be approximate): \_\_\_\_\_

### Authorization for Use of Name

Yes, I/we authorize Pacelli Catholic Schools to include my/our name(s) on the membership list of the Pacelli Legacy Society in official publications and on recognition devices. I/We understand that this authorization can be limited to the use of my/our name(s) only, and the type and amount of gift will remain strictly confidential if I/we so choose.

I/We prefer to remain anonymous.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name(s) as you would like it to appear in Pacelli Legacy Society recognition materials:

\_\_\_\_\_

