

Name _____ Maiden Name (if applicable) _____

Address _____ Email _____

City/State/Zip _____ Phone _____

Please check all that apply:

- Parent of Current Student(s) Grandparent of Current Student(s) Alumnus - Year: _____
 Parent of Alumnus/Alumni Grandparent of Alumnus/Alumni Friend of Pacelli Catholic Schools

Method of Payment

- Check - Enclosed is my gift of \$_____.
 Credit Card - Please complete form on reverse side.

You may also donate online by visiting www.pacellicatholicschools.com/giving.

Thank you!



Credit Card Payment

Please bill my VISA MasterCard Discover Amex

I wish to make my \$_____ gift in installments.

Monthly Quarterly Semi-Annually

Name on Card _____

Card Number _____

Expiration _____ Security Code _____

Signature _____

Please check all that apply:

I wish for my gift to remain anonymous.

This gift will be matched by my/my spouse's employer.
I have enclosed the Matching Gift form if needed.

Pacelli is in my estate plans.

I would like information about including Pacelli in my estate through a will, insurance policy, or trust.

A donation through a gift of securities will be transferred. Please contact the Development Office at 715.341.2445.

You may also donate online by visiting www.pacellicatholicschools.com/giving.