

ST. VINCENT DE PAUL HIGH SCHOOL ANNUAL FUND  
2020-21 GIVING FORM

We are grateful that you have chosen to support our mission by making a charitable donation to the St. Vincent de Paul High School Annual Fund. Making a gift is quick and easy. Please use this form or make your gift online by going to [www.svhs-pet.org](http://www.svhs-pet.org) and click on the red Annual Fund button at the top right.

GIFT:

I/We would like to make a commitment to the Annual Fund in the amount of:

\$5,000 \_\_\_\_\_ \$2,500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$500 \_\_\_\_\_ Other \$ \_\_\_\_\_

Donor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alumnus / Alumna Yes / No? \_\_\_\_\_ Graduation Year \_\_\_\_\_

PAYMENT INFORMATION:

I/We would like to make my/our gift in one payment \_\_\_\_\_ two installments \_\_\_\_\_ four installments \_\_\_\_\_

My/Our gift will be made by: Check \_\_\_\_\_ Cash \_\_\_\_\_

CREDIT CARD If payment is made by credit card, please supply the following information:

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Credit Card Type (Visa, MC, etc.) \_\_\_\_\_

Credit Card Acct # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code (3 or 4 digit number on the back of the card) \_\_\_\_\_

Email Address \_\_\_\_\_

MATCHING FUNDS PROGRAM My corporation has a matching funds program.

Corporation Name \_\_\_\_\_