



# Fr. Greg Dobson

## Scholarship Fund

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

### Giving Level:

\$5,000

\$2,500

\$1,000

\$500

\$250

Other \_\_\_\_\_

Credit Card Payments:

Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Make checks payable to:*

*“Archbishop Walsh Academy”*

*Indicate “Fr. Greg Fund” on memo line*

**Send this form and payment to:**

Fr. Greg Scholarship Fund  
Archbishop Walsh Academy  
208 North 24th Street, Olean, NY 14760