

Tuition Assistance Program

For the honor and glory of God and to help support Frassati Catholic High School students, we donate the following amount to the Frassati Catholic High School Tuition Assistance Program for the school year:_____.

Total Gift Amount \$ _____

Initial Payment (if not paid in full) \$ _____

Balance Remaining* \$ _____

*The remaining balance must be paid in full before the end of the applicable school year.

- A check is enclosed
Please charge my credit card:
American Express Discover MasterCard Visa

Name on the card: _____

Credit card number: _____ Expiration Date: _____

Signature for Credit Card Authorization: _____

- Gifts of Stock: Please contact the Frassati Catholic High School Office for stock gift form
Matching Gifts: If you are employed by a matching gift company, please submit necessary forms to your Human Resources or Employee Benefits Department

Donor Name: _____

Address: _____

City/St/Zip: _____ E-mail: _____

Daytime Phone: _____ Cell Phone: _____

Parish _____ Company: _____

Signature: _____ Date: _____

Please list my (our) name(s) in all donor reports as follows:

- I wish to remain anonymous

Gifts are tax deductible to the fullest extent allowed by law.

As noted above, donated funds are restricted to the Tuition Assistance Program and will be used to assist one or more students during the current school year.

Please make checks payable to Frassati Catholic High School.

Thank you for your generous support.