

YES, I/WE WANT TO SUPPORT FRASSATI CATHOLIC HIGH SCHOOL

We make this gift in support of **Moving Forward in Faith:**

Total Gift Amount \$ _____
 Initial Amount \$ _____
 Balance \$ _____

The remaining balance will be payable in installments of _____ over the next _____ years (no longer than three (3) years) beginning _____ 20____, on the following schedule:

Annually Semi-annually Quarterly Monthly Other (*check one*)

Please find my check enclosed (*made payable to Frassati Catholic High School*)

Please automatically deduct from my checking/savings account **or** from my credit/card:

<input type="checkbox"/> Checking <input type="checkbox"/> Saving
Bank Name: _____
Name on Account: _____
Account #: _____
Bank Routing #: _____
Bank City/State: _____

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex <input type="checkbox"/> Discover
Cardholders Name: _____
Account #: _____
Exp. Date: _____
CVV #: _____

Signature for authorization: _____

Gifts of Securities: (*contact the Office of Advancement for stock gift form*)

Matching Gifts: If you work for a matching gift company, please obtain and submit the necessary forms.

Date: _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Mobile: _____ Home: _____

Company: _____

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

I wish to remain anonymous

Thank you for your generous support.

*Gifts are tax deductible to the fullest extent allowed by law.
 Unless otherwise noted above by donor, funds will be used at the sole discretion of the Frassati Catholic High School Board of Trustees.*