

Enclosed is my check for \$ _____ for the Annual Fund

Name(s) _____
Print your name(s) as you want it to appear in the publically distributed Annual Report.

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

Work Phone (_____) _____

E-mail _____

Thank you very much for your support!



Please omit my name from publication.

Please indicate your affiliation with the school:

- | | |
|--|--|
| <input type="checkbox"/> Current parent | Current St. Francis |
| <input type="checkbox"/> Alumni, Class of ____ | <input type="checkbox"/> Board member |
| <input type="checkbox"/> Alumni parent of a student from the Class of ____ | <input type="checkbox"/> Faculty/Staff |
| | <input type="checkbox"/> Student |
| | <input type="checkbox"/> Friend |

Gifts in the following amounts qualify for these club assignments:

St. Francis Society

- | | |
|------------|----------------------|
| Benefactor | \$100,000 or more |
| Visionary | \$25,000 to \$99,999 |
| Leader | \$5,000 to \$24,999 |
| Friend | \$1,000 to \$4,999 |

Spartan Club

\$500 to \$999

Century Club

\$100 to \$499

Key Club

\$1 to \$99

Legacy Club

St. Francis is a named benefactor in your will.

All gifts are tax deductible to the fullest extent of the law.

Please charge my account:

Amount \$ _____

Visa Mastercard Discover

Card No. _____

Expiration Date _____

MATCHING GIFT INFORMATION

If your employer will match your gift, please list them below. Visit your personnel or benefits office for a matching gift form and return the completed form with your gift.

Company Name