

# ***SJRS Annual Appeal***

Yes! I'd like to support St. John Regional School with a tax-deductible contribution of \$\_\_\_\_\_.

Please make check payable to SJRS.

I would like to make a one-time gift of \$\_\_\_\_\_

I would like to make a monthly gift of \$\_\_\_\_\_ for \_\_\_\_\_ months.

Please charge my credit card as follows:

Visa       Mastercard       AMEX/Discover

\_\_\_\_\_

Card #

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

CCV#

\_\_\_\_\_

Authorized Cardholder Signature

My employer will match my gift. A completed form:

is enclosed     will follow

\_\_\_\_\_

Name (Please Print)

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

Billing Address (if different)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Phone #

\_\_\_\_\_

Email Address

Please do not include my name when gifts are publicly acknowledged.

***Thank You!!!***