

SJRS Designated Fall Appeal

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

Enclosed is my gift in the amount of \$_____.
Please make check payable to SJRS

Please charge my credit card as follows:

Visa Mastercard AMEX/Discover

Amount: _____

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!!!