

Yes! I/We believe in the mission of Saint Joseph School and would like to support it with a financial contribution.

Enclosed is my contribution of \$ _____

Please designate my gift as follows:

The Annual Giving Campaign

In memory of _____

Monthly contribution

In honor of _____

We invite you to consider the following levels of recognition:

- | | |
|--|------------------|
| <input type="checkbox"/> Msgr. George W. Rohling Society | \$2500 and above |
| <input type="checkbox"/> Fr. John Cain Council | \$1000 to \$2499 |
| <input type="checkbox"/> St. Joseph Workers Guild | \$500 to \$999 |
| <input type="checkbox"/> The Blue and Gold Circle | \$250 to \$499 |
| <input type="checkbox"/> Century Club | \$100 to \$249 |
| <input type="checkbox"/> Patron | Up to \$99 |

- | |
|--|
| <input type="checkbox"/> My employer has a matching gift program. |
| <input type="checkbox"/> The matching gift form is enclosed. |
| <input type="checkbox"/> I have included Saint Joseph School in my will. |
| <input type="checkbox"/> I would like information about planned giving to Saint Joseph School. |

Please complete the following so that we may acknowledge your gift appropriately.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail: _____ @ _____

I/wish to remain anonymous.

Please check all that apply

- | |
|--------------------------------------|
| <input type="checkbox"/> Parent |
| <input type="checkbox"/> Parishioner |
| <input type="checkbox"/> Alumnus |
| <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Friend |

Your gift is very meaningful to us and will be recognized in the Annual Report unless so indicated above. Please make checks payable to St. Joseph School. All gifts are tax deductible.