



## SJA Annual Fund Contribution Form

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

**Affiliation** – Please check all that apply

*Current Parent*       *Grandparent*       *Alumni Class of* \_\_\_\_\_

*Alumni Parent*       *Faculty/Staff*       *Friend/Family/Other*

**Yes!** I will pray for the success of this mission

**Yes!** I will partner with Saint John Academy with my tax deductible gift:

**\$50**                       **\$100**                       **\$250**                       **\$500**                       **\$1,000**

**\$1,000**                       **\$5,000**                       **Other** \_\_\_\_\_

*My company will match this gift.*      *Name of Company* \_\_\_\_\_

*Please make my gift anonymous.*

**Check enclosed made payable to Saint John Academy**

**Please charge my**       Mastercard       Visa       American Express       Discover

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

**Annual Fund Gift Designation:** Please let us know how you would like us to designate your gift.

*Saint John Academy Facilities*       *Tuition Assistance*

*Fine Arts Program*       *Greatest Area of Need*       *Other* \_\_\_\_\_

**Thank You For Your Support!**