



FAMILY NAME: _____

The goal for our Angel Fund Campaign is community-wide participation. Your contributions allow us to offer expanded and enriched programs for ALL of our students. Please rally and help us to reach our goal.

It's simple: 100% community participation benefits everyone.

The 2014-15 Angel Fund request is \$850/per Child

Make checks payable to St. Patrick School. All Angel Fund donations are tax deductible as permitted by law.

- Enclosed please find my Angel Fund contribution
 - Number of Children ____ x \$850 = \$_____
 - Other Amount: _____

- Please bill my credit card.
 - Visa MasterCard
 - Card #: _____
 - Amount: _____
 - Expiration Date: _____
 - Name on the card: _____
 - Card's Billing Address: _____

- Please divide my payment in **8 monthly installments (Oct-May)**
 - Enclose first payment, coupons will be sent to you via email.

Family Name _____
Address _____
City _____ Zip _____
Signature _____

**ST PATRICK SCHOOL ANGEL FUND DRIVE
MATCHING GIFT PROGRAM:**

- My company will match my contribution.
 - Name of company: _____

It is our sincere pleasure and privilege to have you and your children with us at St. Patrick School. We thank you for your generous support and commitment to St. Patrick School as we invite you to give to this year's Angel Fund.

**Thank you for your generosity. Your commitment to our school is a
commitment to your children**