



Legacies In Faith & Education Annual Giving Program

Yes, I would like to contribute

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____

Optional: My donation is made (in memory/in honor) of: _____
 (please circle)

Please notify: _____ of my gift.
 _____ (Name)
 _____ (Address)
 _____ (City, State, Zip)

Relationship with St. Joseph's:

(Please check all that apply.)

- St. Joseph Alumni, Class of _____
- Parent of an Alumni
- Current School Family
- Faculty / Staff Member
- Grandparent of: _____
- Parishioner
- Friend of St. Joseph's

I am able to donate: \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 Other _____

Program	Amount
<input type="checkbox"/> School Development Fund	\$ _____
<input type="checkbox"/> Caldwell Scholarship Fund	\$ _____
<input type="checkbox"/> Fr. Leo Rooney Scholarship Fund	\$ _____
<input type="checkbox"/> Nick Kelly Scholarship Fund	\$ _____
<input type="checkbox"/> Donna Brock Scholarship Fund	\$ _____
<input type="checkbox"/> Unrestricted – St. Joseph's Parish	\$ _____
<input type="checkbox"/> Unrestricted – St. Joseph's School	\$ _____

Special Projects:

<input type="checkbox"/> Sr. Peter Joseph Learning Center	\$ _____
<input type="checkbox"/> iPad Technology Project	\$ _____

TOTAL \$ _____

Method of Payment	
<input type="checkbox"/> Check	<input type="checkbox"/> Stock Transfer
<input type="checkbox"/> Bill Me	<input type="checkbox"/> Estate Planning
<input type="checkbox"/> Visa	<input type="checkbox"/> Please Call to discuss at:
<input type="checkbox"/> Mastercard () _____	
<input type="checkbox"/> On-line at sjcschool.org/epay	

 Credit Card # Exp. Date

 Signature

- My company will match my gift.
- Name and address of company:

Please make checks payable to:
St. Joseph of Cupertino

Thank you for your support!



I would like to make a multi-year pledge by gifting \$ _____ annually for the next _____ years.