



SAINT RITA of Cascia High School

DONATION FORM

Enclosed is my check, payable to St. Rita Annual Appeal, in the amount of \$ _____.

Payment by Credit Card

Amount to charge: \$ _____ Mastercard Visa

Name as it appears on the card: _____

Card # _____

Expiration Date: ____ / ____

Do you or your spouse work for a matching gift company? If so, please enclose the matching gift form provided by the company.

Name(s) _____

(Please print your name(s) as it should appear in the Annual Report)

Please omit my name from publication

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

I have included St. Rita High School in my will, trust, or insurance policy.

Please contact me concerning my estate plans.

St. Rita of Cascia High School thanks you for your kindness and generosity!

Mail this form along with your gift to:

St. Rita of Cascia High School

Annual Appeal

7740 South Western Avenue

Chicago, IL 60620