



# Legacies In Faith & Education Annual Giving Program

**Yes, I would like to contribute**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Please notify: \_\_\_\_\_ of my gift.

(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip )

Program	Amount	Method of Payment	Relationship with St. Joseph's:
<input type="checkbox"/> School Development Fund	\$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Stock Transfer	(Please check all that apply.)
<input type="checkbox"/> Dick Caldwell Scholarship Fund	\$ _____	<input type="checkbox"/> Bill Me <input type="checkbox"/> Estate Planning	<input type="checkbox"/> St. Joseph Alumni, Class of _____
<input type="checkbox"/> Fr. Leo Rooney Scholarship Fund	\$ _____	<input type="checkbox"/> Visa <input type="checkbox"/> Please Call to discuss at:	<input type="checkbox"/> Parent of an Alumni
<input type="checkbox"/> Nick Kelly Scholarship Fund	\$ _____	<input type="checkbox"/> Mastercard      ( ) _____	<input type="checkbox"/> Current School Family
<input type="checkbox"/> Donna Brock Scholarship Fund	\$ _____	_____	<input type="checkbox"/> Faculty / Staff Member
<input type="checkbox"/> Unrestricted – St. Joseph's Parish	\$ _____	Credit Card #      Exp. Date	<input type="checkbox"/> Grandparent of: _____
<input type="checkbox"/> Unrestricted – St. Joseph's School	\$ _____	_____	<input type="checkbox"/> Parishioner
<b>TOTAL</b>	\$ _____	Signature	<input type="checkbox"/> Friend of St. Joseph's

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.

