



EST.
1954

St. Joan Antida High School Donation Form

Name _____

(Print as you would like it to appear in our Honor Roll of Donors)

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Check all that apply: Alumna, Class of _____ Parent(s) of Alumna: _____

Friend of SJA Class of _____

_____ Please accept My/Our gift commitment for the following amount:

Circle One: \$5,000 \$2,500 \$1,500 \$1,000 \$500 \$250 \$100

Other: _____

This gift is in honor OR memory of: _____

Please restrict this gift to: _____

___ My/Our Cash gift is enclosed

___ My/Our Check is enclosed (please make payable to: *St. Joan Antida High School*)

___ I/We would like to make this gift through a Donor Advised Fund (please contact us to arrange payment)

___ I/We would like to pledge a gift of: _____

**Payable for ___ years: Quarterly Bi-annually Monthly

___ I/We wish our gift to be anonymous

___ My/Our gift will be matched by the following corporation/organization:

Please return this form to the attention of the Development Office:

***St. Joan Antida High School
1341 N. Cass Street
Milwaukee, WI 53202***

For questions, please call our Development Office at: (414) 274-4710