

ANNUAL FUND DONATION

NAME	
RECOGNITION NAME:	
ADDRESS: This gift is 100% tax-deductible and will go directly to your area of personal interest. ☐ Yes! I want to make a difference in the life of a deserving student. I will give \$ toward this year's Annual Fund Goal of \$500,000 according to one of the methods below.	
Tuition Assistance	Campus Ministry
Academics	Student Life
☐ Athletics ☐ Fine Arts	Greatest Current Need
I would like to donate: \$ ongoing*(monthly draft) once semi-annually	quarterly monthly for# of months
Payment method:	
Online: Please visit http://www.sjcatholicschool.org/	/support-sjcs/
Check: My check is included. Check Number:	Please make checks payable to SJCS
and mail to 100 St. Joseph's Drive, Greenville, SC 29607.	
Credit Card: Cardholder Name:	
Credit Card #	Exp. Date:
Security Code: Sign	nature:
Automatic Bank Draft: The school drafts on the 20th a banking holiday, the school will draft on the next business School to initiate debit entries to my/our checking account accordance with the amount(s) and on the appropriate due Please attach a voided check.	ss day. I/We hereby authorize St. Joseph's Catholic indicated below, at the bank named below, in
Bank Name:	Account Name:
Bank Routing Number:	Bank Account Number:
Please specify type of bank account to be drafted: Checking	g Savings
Siona	fure.

THANK YOU FOR YOUR SUPPORT!

^{*}This authorization is to remain in full force and effect until such time as St. Joseph's Catholic School has received written notification from the account holders of its termination in such time and in such manner as to give St. Joseph's Catholic School and my bank a reasonable opportunity to act on it.