

XAVIER HIGH SCHOOL PRINT AND MAIL GIFT FORM

DONOR INFORMATION

Name: _____ Class/Parent Year: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Preferred E-Mail Address: _____

GIFT INFORMATION

Xavier Annual Fund (Check all that apply)

<input type="checkbox"/> Unrestricted	\$ _____
<input type="checkbox"/> Financial Aid	\$ _____
<input type="checkbox"/> COVID-19 Relief	\$ _____
<input type="checkbox"/> Campus Ministry	\$ _____
<input type="checkbox"/> Fine Arts	\$ _____
<input type="checkbox"/> Regiment	\$ _____
<input type="checkbox"/> Sports _____	\$ _____
TOTAL	\$ _____

PLANNED GIVING

Please contact me with more information about

Gifts from My Will or Trust Gifts from a Retirement Plan Gifts of Stock and Appreciated Assets
 Gifts of Life Insurance Other

MY GIFT IS A TRIBUTE TO SOMEONE SPECIAL

Gift in Honor of: _____ Gift in Memory of: _____

TO BE PAID AS FOLLOWS:

By check (Payable to Xavier High School) Visa MasterCard American Express

Card Number: _____ CVV: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

CLASS NOTES

Please use the back of this sheet to include any news to be included in the next issue of *Xavier Magazine*. Have you recently gotten a promotion? Won an award? Finished graduate school? Published a book? Started a business? Gotten married or had a child? If so, please submit a class note.