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)

☐ Unrestricted $ __________

☐ Financial Aid $ __________

☐ COVID-19 Relief $ __________

☐ Campus Ministry $ __________

☐ Fine Arts $ __________

☐ Regiment $ __________

☐ 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.