



Grant In Aid Program

I would like to support the Saint John's Catholic Prep Grant In Aid Program

Name of Donor (Individual or Business):

Address of Donor:

Phone Number: _____ Email: _____

Amount of Contribution: _____ Amount of Check: _____ Check #: _____

Credit Card #: _____ Exp. Date: _____

Name on Credit Card: _____ 3 digit security code: _____

Commitment number of years: _____

I would like to designate my contribution to the following program(s):

- | | |
|---|---|
| <input type="checkbox"/> General Athletic Program | <input type="checkbox"/> Boys' Lacrosse |
| <input type="checkbox"/> Girls' Basketball | <input type="checkbox"/> Football |
| <input type="checkbox"/> Boys' Basketball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Girls' Soccer | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Boys' Soccer | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Cross Country/Track | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Girls' Lacrosse | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Music | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Other _____ | |

Signature of Donor: _____ Date: _____