

Xavier-SGO Donation Form

Please complete this form and include it with your check. **Checks should be made out to Xavier-SGO and mailed to:**

Xavier-SGO
600 W North Bend Rd
Cincinnati OH 45224

First Name: _____

Last Name: _____

Address: _____

Address 2: _____

City: _____

State: _____

ZIP: _____

E-mail address: _____

Phone: _____

Phone Type: _____

Affiliation (please mark all that apply):

Alumnus

Current Parent

Parent of Alumni

Grandparent

Faculty/Staff

Friend

Other

Recipient of Donation (please mark one):

SGO – St. Xavier High School

SGO – Xavier Jesuit Academy

SGO – Greater Need

Tax year for which your donation is made? _____

If you file taxes jointly, please provide the full name of the person with whom you file:

First Name: _____

Middle Name: _____

Last Name: _____