

Yes, I want to help Holy Trinity Catholic School

Please accept the enclosed donation of \$ _____ *make checks out to Holy Trinity Catholic School*

Please accept my Credit Card OR Electronic Funds Transfer (EFT) gift.

- Once: \$ _____ now.
- Annually: \$ _____ now and \$ _____ each December 10
- Semi-Annually: \$ _____ now and \$ _____ each December 10 and June 10
- Quarterly: \$ _____ now and \$ _____ each September 10, December 10, March 10, and June 10
- Monthly: \$ _____ now and \$ _____ on the 3rd of each month.

Credit Card Information: MasterCard Discover Visa

Name on card: _____

Account Number: _____ Expiration: _____

*To establish an EFT, attach a voided check and sign here: _____
Automated gift plans remain in effect until cancelled in writing or by calling 320-468-6446.*

I will call Holy Trinity Catholic School Office at 320-468-6446 to arrange a gift in the form of stocks, mutual funds, or other valued property, or to request planned giving information.

My employer, or my spouse's employer, will match my gift. I have enclosed the matching gift form.

Optional

In Memory of (name of person) _____

In Honor of (name of living person) _____

I wish to remain anonymous.

Optional All donations will go towards the general operating budget unless otherwise noted

I wish to remain anonymous for recognition purposes

My Information (check all that apply)

I am an Alum of _____ Grandparent Current Parent Former Parent Parishioner
 Current Faculty/Staff Former Faculty/Staff Supporter Corporation Other _____

(Prefix) (Name) (Suffix)

(Other higher education: school and graduation date)

(Address)

(Job title)

(City, State, Zip)

(Employer)

(Home Phone) (Cell Phone)

(Other important information)

(Email Address)

(Other important information continued)

(Significant Dates)

Holy Trinity Catholic School is a 501 (c)(3) Organization