



The Future Starts Today
1341 North Cass Street
Milwaukee, WI 53202
(414) 272-8423
www.saintjoanantida.org

I/We will make a gift to SJAHS.

Please accept my/our total gift/ pledge in the amount of:

\$1,000 \$500 \$250 \$100 \$50 Other: \$ _____

Please send me information on how to include SJAHS in my will.

I have included SJAHS in my will.

Name: _____ Class Year: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Signed: _____ Date: _____

My/our gift to SJAHS:

Personal Gift: \$ _____

Corporate Matching Gift(s): \$ _____

Organization: _____

Matching gift form enclosed

Will send form

Total Gift: \$ _____

Check enclosed (payable to SJAHS)

Pledge payment by (date): _____

Charge: Master Card Visa

Card Number: _____ Exp. Date: _____

Signature: _____



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Thank you for supporting SJAHS!

Please mail form and gift to:

SJAHS

Advancement Office

1341 North Cass Street

Milwaukee, WI 53202