

St. John's Jesuit High School & Academy
2011-12 Annual Fund

Name: _____ Preferred Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____
Preferred Email _____

Please accept my/our gift of:

___ \$5,000 ___ \$2,500 ___ \$1,000 ___ \$500 ___ \$250 ___ \$100 ___ Other _____
___ I would prefer my gift be Anonymous.

Method of payment:

___ You can make your gift online by going to www.sjjtitans.org and click on Giving.
___ Check – please make check payable to St. John's Jesuit (*your gift is fully tax deductible*)
___ Credit Card
 ___ Visa ___ MasterCard
 Account Number ____/____/____/____ Expiration Date ____/____
 Signature _____ Verification Code ____

Does your company have a matching gift program? Yes No

Company Name: _____ (*Please enclose your company's form*)

How would you like your gift to be used?

___ Annual Fund ___ Scholarship Support ___ Other _____

Please share with us your stories about how SJJ has impacted you or your family:

If you would like more to learn more about establishing an endowed scholarship, please contact:
Brett Loney '88, Vice President for Advancement at 419-865-5743 ext. 265 or loney@sjjtitans.org.

Thank you for your generosity