



Catholic Education 2017-2018 – A
Special Purpose Entity

Member Name _____

Amount of Year One (2017) Contribution _____

* 2018 contribution will be the same amount* _____

Contact/Personal Information:

Company: _____

Parish: _____

Home Address: _____

E-Mail: _____

Phone Number: _____

Social Security Number: _____

Designation Information

Amount of Designated Contribution: _____

\$

Schools Designating Contribution to: _____

Amount of Undesignated Contribution: _____

\$

Would you like to donate 20% of your contribution to your county for strategic allocation?

Yes

No

Can the Foundation provide your name and address to the school(s) for stewardship?

Yes

No