

2017 Legacy Appeal



Enclosed is my gift of

- \$50 \$500
 \$100 Other \$ _____
 Please Contact Me to Discuss a
Matching Gift Opportunity

Method of Payment

- Cash Check (Payable: St Rose)
 MasterCard Visa Discover

Credit Card #

Exp. Date

Name

Signature

Address

I would like to Pay \$ _____ In Full

City, State, Zip

Monthly Quarterly Semi-Annually

Phone

Email

This is an Unrestricted Gift Directed Gift

[See Over](#)

DIRECTED GIFT AREAS

I wish my contribution to be used for the box(es) checked below

PARISH

- Greatest Need
- Debt Reduction
- Capital Projects
- Your Choice _____

SCHOOL

- Scholarships
- New Math Curriculum
- Physical Education
- Carpeting and Office Cabinet Updates
- Greatest Need