

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 _____

Signature _____

I would like to Pay \$ _____ In Full

Monthly Quarterly Semi-Annually

This is an Unrestricted Gift Directed Gift

See Over

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

RESTRICTED GIFT AREAS

PARISH

- Greatest Need
 Debt Reduction
 Capital Projects
 Your Choice _____

SCHOOL

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