



2018 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
- Facilities/Grounds Access and Upgrades
- Social Concern - St. Joseph Institute for the Deaf
- Your Choice _____

SCHOOL

- Scholarships
- Security Cameras for Hallways and Exterior
- Folding Chairs
- Greatest Need