



Holy Family Parish School Annual Fund Donor Form

_____ Yes, I would like to help Holy Family Parish School and donate to the Annual Fund.

Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Relationship to Holy Family Parish School

- | | |
|--|---|
| <input type="checkbox"/> Parishioner | <input type="checkbox"/> Alumni: Year _____ |
| <input type="checkbox"/> School Parent | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other _____ |

_____ Our Gift is Enclosed

_____ My Employer (company _____) has a matching gift program for charitable donations and has agreed to match my contribution. I will send you the completed paperwork from my Human Resources Dept.

Donor Listing for our Annual Report:

___ I wish to have my name listed as _____.

___ This gift is in memory/honor of _____.

___ I would like to remain anonymous.

Contributions to the Annual Fund are tax-deductible to the full extent of the law.

Thank you for supporting Catholic education and Holy Family Parish School!

Please mail your Annual Fund contribution to:

Holy Family Parish School
4849 N. Wildwood Ave.
Whitefish Bay, WI 53217