



St. Catherine of Siena Academy

Annual Appeal Donation Form

Name: _____

Recognition Name : _____

Address: _____

Email: _____

Please select where you would like your funds to be directed:

- | | |
|--|--|
| <input type="checkbox"/> Tuition Assistance | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Curriculum Enrichment | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Campus Improvements | <input type="checkbox"/> Greatest Need |

I would like to donate: \$ _____

once monthly quarterly semi-annually

Payment method:

Check (Please make checks payable to St. Catherine of Siena Academy)

Credit Card: Cardholder Name: _____

Credit Card # _____ Exp. Date: _____

Security Code: _____ Signature: _____

Thank You For Your Support of St. Catherine of Siena Academy!

Send this form to:

St. Catherine of Siena Academy

Att: Grace Henning

28200 Napier Rd.

Wixom, MI 48393

If you have any additional questions, please contact Grace Henning, Advancement Associate, at (248) 946-4848 x 116 or ghenning@saintcatherineacademy.org