



DONOR FORM

JESUIT HIGH SCHOOL | TAX ID 94-1525873



Donor(s) Name

Daytime Phone Number

Email Address

PAYMENT

ONE-TIME GIFT/Total Amount of Gift: \$ _____

PLEDGE/Total Amount of Pledge: \$ _____

Pledge Installments (#): _____ Annual _____ Quarterly _____ Monthly

Beginning (Month/Year) _____; ending (Month/Year) _____

GIFT PURPOSE (Please select one)

_____ Annual Fund _____ Capital/Barry Gym Renovation Project

_____ Scholarship Endowment _____ Tuition Assistance – Current Year

HONOR/MEMORY

_____ In Memory of _____ In Honor of

Memorial/Honorarium Name

PAYMENT METHOD

_____ Check (*Payable to Jesuit High School*) _____ Stock Transfer

Credit Card: _____ American Express _____ Discover _____ MasterCard _____ VISA

Credit Card Number

Name As It Appears On Card

Expiration Date

CVV/Security Code

Billing Address That Credit Card Statement Is Mailed To (Including Zip Code)

ADDITIONAL NOTES:

THANK YOU for your support of Jesuit High School!

Please return your donor form to:
Jesuit High School – Attn Advancement Office
1200 Jacob Lane, Carmichael, CA 95608

All gifts are tax deductible for income purposes to the extent provided by law.

Jesuit Tax ID# 94-1525873

For additional information, please contact:
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