



St. Catherine's Military Academy

Wish List Giving Form

Name _____

Address _____

City _____

State _____

Zip _____

Daytime Phone _____

Wish List item: _____

- I would like to give funds to purchase the item.
- I would like to give the item itself.
- I will bring the item to SCMA. Please call to arrange pick-up of the item.

- I have enclosed a check for \$ _____ made payable to **St. Catherine's Military Academy**.
- Please charge \$ _____ my Visa or MasterCard. I have provided the necessary information below.
- I wish to give anonymously.

Credit Card Information (for credit/debit card donations only)

- Visa MasterCard

Card number:

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Card expiration date: _____ 3-digit security code: _____

Questions? Contact Joanna Mangeney at (714) 772-1363 x 112
development@stcatherinesmilitaryacademy.org

Thanks for your support! SCMA Federal Tax-ID: 95-1855672