



St. Catherine's Military Academy

General Donations Form

Name _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____

- 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.
- My employer, _____, will match my gift.
Matching gift form: is enclosed will be sent later.
- I have included St. Catherine's Military Academy in my will and would like to share my plans confidentially.
- I wish to give anonymously.
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Please allocate my donation to the following area:

- Area of greatest need / unrestricted Tuition assistance
- Facility renovations and improvements Other: _____
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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