



St. Mary Catholic Schools
Grades P3-12

Donor Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ Employer: _____

Gift Amount: \$ _____

Gift Designation:

- | | |
|--|---|
| <input type="checkbox"/> SMCS Annual Fund | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Booster Backer | <input type="checkbox"/> Tuition Assistance |
| <input type="checkbox"/> ZFAB/Fine Arts | <input type="checkbox"/> Other (please note): _____ |
| <input type="checkbox"/> In Memory/Honor of: _____ | |

Affiliation:

- | | |
|--|---|
| <input type="checkbox"/> Alumnus | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Current parent | <input type="checkbox"/> Former parent |
| <input type="checkbox"/> Current grandparent | <input type="checkbox"/> Former grandparent |
| <input type="checkbox"/> Business | |

I would like to learn more about the following:

- Planned Giving
- Making a gift of stock
- Making a gift from a retirement/investment account
- Making a gift from an insurance policy

SMCS Giving
Attn: SMCS Advancement Department
1050 Zephyr Drive
Neenah, WI 54956