

The 2009-2010 St. Thomas the Apostle Episcopal School's Annual Fund for Excellence

Name(s) _____

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· Enclosed please find my/our check.

I/we wish to make a single payment of : (circle one) \$100 \$500 \$1,000 or Other \$ _____

· Make checks payable to St. Thomas the Apostle Episcopal School Annual Fund

· Please charge my: · Visa · Master Card Acct# _____

· My/our · Annual · Monthly* donation in the amount of \$ _____ 3 digit CVS# __ __ __

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· My company matches gifts · Matching gift form enclosed · Company's name _____

· Please include my/our name(s) in your Annual Report and other listings of Annual Fund donors

· I/we prefer that our donation remain anonymous

* Monthly payments will be charged to your credit card on the 5th of each month through June 2010



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Meredith Stanley Sept 18, 2009 3:37 PM