



Central Catholic  
Pre-K3 – 12<sup>th</sup> Grade

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## Annual Giving Donation Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have enclosed a donation in the amount of:  \$50  \$100  
 \$250  \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_

I would prefer my name NOT be listed in the Annual Report.

Please check all applicable boxes:

Alumnus- Maiden name *(if applicable)* \_\_\_\_\_ Year: \_\_\_\_\_

Parent

Grandparent

Friend

Advisory Council

Faculty/Staff

I would like information about Planned Giving opportunities

My employer \_\_\_\_\_ has a matching gift program.

*Please make check payable to Central Catholic. Donations are tax deductible to the extent allowed by law. Donations received after June 30 will be credited in the current year's Annual Fund Campaign.*