

Saint Mary High School Annual Giving Campaign

Name _____ Alumnus - Class ____ Parent Friend

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Occupation _____ Title _____

Company Name _____ Work Phone _____

This is a change of address and/or telephone number.

Enclosed is my gift in the amount of \$ _____

Signature: _____ **Date:** _____

- UNRESTRICTED GIFT
- TUITION ASSISTANCE PROGRAM
- ALUMNI MEMORIAL SCHOLARSHIP FUND
- MATCHING GIFT – I've have enclosed my employer's matching gift form.
- PLEASE SEND ME information about Planned Gifts
- MY GIFT - IN MEMORY OF _____
- MY GIFT - IN HONOR OF _____

Please Make Check Payable to: St. Mary High School, 64 Chestnut Street, Rutherford, NJ 07070

Please Charge My Credit Card:

VISA MASTERCARD DISCOVER

Account # _____

Expiration Date: _____

Click Below to Access PayPal Page

ONLINE PAYMENTS ARE
ACCEPTED BY CREDIT/BANK
CARDS AND THROUGH
PAYPAL BY VISITING
WWW.STMARYHS.ORG AND
CLICKING ON ALUMNI.



A surcharge is applied to all credit card and on-line transactions. Please consider sending a check so 100% of your contribution goes to the annual campaign.

All Gifts are Tax Deductible