

Sacred Heart of Jesus School  
 Highland Falls, NY  
 “Drive to Survive- 80 More Years”  
 www.sacredheartofjesushf.org

## Statement of Support

You may choose how your gift is directed to support Sacred Heart of Jesus School

Please choose the amount you are able to give

<b>Giving Level</b>	<input type="checkbox"/>	Platinum Level  <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$ _____
	<input type="checkbox"/>	The 1930 Society \$500.00 - \$999.00 gift
	<input type="checkbox"/>	The Maroon and Gold Society \$250.00 - \$499.00
	<input type="checkbox"/>	The Spartan Society up to \$249.00
<input type="checkbox"/>	Please use my donation where the School Board sees a need (otherwise fill out the Directed Giving information)	

\*You may also divide your payment or pledge monthly amounts\*

**Only fill out if you wish your funds to be specifically allocated**

<b>Directed Giving</b>	<input type="checkbox"/>	Student Scholarships
	<input type="checkbox"/>	Music and Theater Arts
	<input type="checkbox"/>	Sports Program
	<input type="checkbox"/>	Other _____

My employer is a matching gift company. I have enclosed a matching gift form.

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

\*Credit Card Payment (use secure PayPal account on [www.sacredheartofjesushf.org](http://www.sacredheartofjesushf.org))

Check enclosed

Cash enclosed

\*Credit Card payments will be accepted beginning February 1, 2010

Please check all that apply:

<input type="checkbox"/>	I attended Sacred Heart of Jesus School Class of _____
<input type="checkbox"/>	I am a Parent/Grandparent of a current or former student(s) Class of _____
<input type="checkbox"/>	I am a friend or business affiliated with Sacred Heart of Jesus School
<input type="checkbox"/>	I am a current or former faculty/staff member of Sacred Heart of Jesus School

*THANK YOU! We're accepting donations through April 30, 2010!*