

## St. Aloysius Annual Fund Drive

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Total gift: \_\_\_\_\_

Payable as follows:

One time     Monthly

Check enclosed

I have set up in WeShare

Please check this box if you wish to have your acknowledgment sent via Email.

Email address \_\_\_\_\_

Please check this box if you do NOT want your name included in the Annual Fund Drive list of donors.

*Thank you for your support!*