

LEGACY OF FAITH CAPITAL CAMPAIGN STEUBENVILLE CATHOLIC SCHOOLS



Thank you for your generosity!

I (We) would like to support the Capital Campaign as follows:

Total pledge amount \$ _____

Gift Information:

My (Our) gift amount is:

a one-time gift.

a pledge to be fulfilled over 1 2 3 year(s).

Quarterly Semi-annually Annually Other _____

Installments of \$ _____ Beginning (month/year) _____

Payment Method:

Check

Credit Card (someone from the foundation will contact you to get your card info)

Other: _____

Benefactor Information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone Number: _____

Email: _____

Please make checks payable to the Steubenville Catholic Schools Foundation with "legacy" written in the memo line.

*Steubenville Catholic Schools Foundation
P.O. Box 1484, Steubenville, OH 43952*



You are invited to designate your donation in the name of one of our founding grade schools. The 8 classrooms in our new building (Legacy Hall) will be named after these schools.

Yes, please designate my donation in the name of _____

Undesignated donation