



Ste Jeanne d'Arc School
Annual Fund Contribution

Name _____

Address _____

City _____ State _____ Zip _____ SJA Class Year _____

Please accept my donation of \$ _____ for the Ste Jeanne d'Arc School Annual Fund.

Please make checks payable to Ste Jeanne d'Arc School and return in the enclosed envelope. Please note that we accept Mastercard and Visa. Kindly complete the following:

Credit Card # _____ Exp. Date: _____ 3 Digit Code: _____

Billing Address _____

(If different from above)

Signature _____

Thank you! Your generosity is much appreciated!