

**ANNUAL FUND AND TUITION ASSISTANCE
GIFT FORM**

Name: _____
(Please print your name as you would like it to appear in the Annual Report).

Address: _____

Phone: _____ E-Mail: _____

My/Our Gift to St. Joseph School is \$ _____.

Please check one of the following options:

A check made payable to St. Joseph School is enclosed.

Please charge this gift. *(Select a credit card and complete the billing information below.)*

Visa Account Number _____

MasterCard Account Number _____

Name as it appears on credit card _____

Billing Address: _____

Expiration Date: _____

Authorized Signature _____

Please Mail the completed form to:

Development Office
St. Joseph School
1000 Ululani St.
Hilo, HI 96720-3999

If you are charging your gift, you may FAX this form to 808.969.9019 or make payment over the phone by calling the Development Office at 808-933-1459.

THANK YOU FOR YOUR SUPPORT
