



Giving Form

We thank you for your support of St. Joseph Regional High School!

Name: _____ Class Year: _____

Address: _____

Email: _____ Cell Phone: _____

I have enclosed my donation of \$ _____. Checks should be made payable to St. Joseph Regional High School.

Please charge my donation of \$ _____ to my credit card (complete information below).

American Express MasterCard Visa

Account Number: _____ Expiration Date: _____

Signature: _____

This donation is eligible for a corporate matching gift from: _____

The matching gift form is Enclosed Being sent separately

Please designate my gift to:

Where the need is greatest

Student Financial Aid/Scholarships

Technology Upgrades

Other _____

Please contact me about making a gift of securities or including SJR in my estate plans.

Please print and send to Development Office, St. Joseph Regional High School, 40 Chestnut Ridge Road, Montvale, NJ 07645. Thank you for your support!