



I'M SUPPORTING QUEEN OF APOSTLES SCHOOL!

(Please include contact information below)

(Please Print)

Name: _____
Alumni Name and Year: _____
Affiliation to Queen of Apostles School: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work phone: _____
Email: _____
Occupation: _____ Employer: _____

(Contributions are tax deductible.)

Method of Payment / Form of Donation:
_____ Check _____ Bill me _____ Stock Transfer

* **YES!** I'd like to become a regular contributor to Queen of Apostles School

* I will donate \$ _____ per quarter

* I will donate \$ _____ per month

* **YES,** I will donate to Queen of Apostles School.

I am enclosing a contribution of: _____

* **YES!** I would like to volunteer to help or donate something special. Please contact me.

I'd like my donation to go toward:

- Fr. Jim Mifsud Memorial Scholarship Fund
- Engrave Your Legacy Capital Campaign
- Endowment Other