
CONTACT INFORMATION

Name _____

Maiden Name (if alumna) _____

Address _____

City _____

State _____ Zip _____

E-mail _____

Phone _____

Class Year _____

I/We commit to the Campaign for the Cedar Valley Catholic Schools a gift in the amount of \$ _____

 Enclosed is my check (*made payable to the CVCS Campaign*) in the amount of \$ _____ Please charge my credit card for the amount of \$ _____ I prefer to pay the balance of \$ _____ (*if any*) over the next five years.Please invoice me: Monthly Quarterly Semi-annually AnnuallyCredit card information: Visa MasterCard Discover

Card number _____ Expiration _____

Name as it appears on card _____ 3-digit sec. code _____

Signature _____ Date _____

FAITH

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KNOWLEDGE

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DISCIPLINE

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SERVICE