



ST. JOHN'S SCHOOL ANNUAL FUND
4501 BOB DOYLE DRIVE, ROSEVILLE, CA 95747

**Yes, I want to invest in the education of our children by supporting the
Annual Fund Campaign with a gift of \$_____**

- | | |
|---|--|
| <input type="checkbox"/> Angels of St. John's - \$2,500 or more | <input type="checkbox"/> Associates of St. John's - \$250 - \$499 |
| <input type="checkbox"/> Headmaster's Council - \$1,000 - \$2,499 | <input type="checkbox"/> Fair share Donors - \$200 or more per child enrolled |
| <input type="checkbox"/> Benefactors of St. John's - \$500 - \$999 | <input type="checkbox"/> Donor - \$199 or less |

<input type="checkbox"/> Check enclosed	Tax Deductible —Tax ID# 02-0663159	<input type="checkbox"/> Please bill my	<input type="checkbox"/> St. John's Acct.	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Quarterly gift of \$_____		Card #_____	Expires:_____		
<input type="checkbox"/> Monthly gift of \$_____		<input type="checkbox"/> You may charge my credit card automatically each month.			
<input type="checkbox"/> One time gift on ____/____/____ (date)		Signature_____			
<input type="checkbox"/> My employer will match or increase my gift by \$_____		Name:_____		Phone:_____	
A matching gift form <input type="checkbox"/> is enclosed, <input type="checkbox"/> will follow.		Address:_____			
Please check one of the following:		City:_____ State:_____ Zip:_____			
<input type="checkbox"/> PARENT	<input type="checkbox"/> GRANDPARENT	<input type="checkbox"/> FACULTY	<input type="checkbox"/> ALUMNUS	<input type="checkbox"/> FRIEND	<input type="checkbox"/> I wish to remain anonymous