

## McDonald Family Center Renovation

I/We wish to make a gift to Bui	lding the Future Fund for the Re	novation of The McDonald Family Center.
I/We commit the following:		
Total Amount o	of Gift: \$	
Initial Payment:	\$	
Balance:	\$	
Payable: ☐ One-time or over	□1 Year □2 Years	Beginning Date:/
Payment Schedule (circle one):	Monthly / Quarterly / Semi-Ann	ually / Annually
Signature:		Date:/
□ Pers	onal Gift or □ Corporate Gift	(please check)
Company/Organization (if appr	opriate):*	
Name(s):*	s):* Title:	
Address:		
City:	State:	Zip Code:
Telephone:	E-n	nail:
* For donor recognition, I und	derstand my name/company nam	ne will be listed as I have written above.
Credit Card (Visa, MasterCard	d, AMEX) (circle one):	
CC#:	Ex	p. Date cvv#
Signature:	Pho	one:
Please Print Name:		Date:/
☐ I wish to remain Anonyr	nous.	
☐ My gift is in Honor/Men	nory of:	
Do you have questions ab		and add MFC-Renovation to the memo line. edge? Interested in making a planned gift? 01 or anieto@stmatts.org
		Request entered (date)
Staff in	itials	

St. Matthew Catholic Church is a 501(c)(3) tax-exempt organization.

Contributions are tax-deductible to the extent provided by law. Employer Identification Number: 74-16528424

## Thank You For Your Support