LIVE CABRINI | GIVE CABRINI

Please complete and mail in the donation form below or save a stamp and donate online at CabriniHigh.com/Donate

❍ YES! I would like to **LIVE CABRINI** | **GIVE CABRINI** by donating to the Annual Giving Drive.

Kindly **print** your information below or visit CabriniHigh.com/Donate to donate securely online. Please Note: ALL FIELDS REQUIRED BELOW.

Donor Name: _____ Maiden Name *(if applicable)*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name as you would like it to appear in our Annual Report: _____ Anonymous Donation: ❍ Yes ❍ No

❍ Alumna Class of _____ ❍ Parent of _____ ❍ Grandparent of _____

DONATION INFORMATION

Enclosed is my tax deducible charitable gift.

❍ One Time Payment ❍ Recurring Payment* to be deducted: ❍ Monthly ❍ Quarterly ❍ Annually *Credit Card Required for Recurring Gifts

❍ $25 ❍ $50 ❍ $100 ❍ $250 ❍ $500 ❍ $1,400 Tuition GAP Giver ❍ $ _____

Credit Card Number: _____ Exp. Date: ____/____ CVV: _____ ❍ I will cover nominal credit card fees

❍ Check Enclosed (made payable to Cabrini High School) Check Number # _____

MAIL TO:
Cabrini High School c/o Annual Giving
1400 Moss Street New Orleans, LA 70119