Primary Taxpayer Name	Date of Birth	*Please apply my/our gift to one or more of the following Catholic schools:
		Algona – Bishop Garrigan Schools
Social Security Number (Required if 1st time donor to receive state tax credit)		Boone – Sacred Heart School
		Carroll – Kuemper Catholic Schools
Spouse Name	Date of Birth	Danbury Catholic School
·		Denison – St. Rose of Lima School
		Emmetsburg Catholic School
Social Security Number (Required if 1st time donor to receive state tax credit)		Fort Dodge – St. Edmond Schools
		Humboldt – St. Mary School
Address		Le Mars – Gehlen Catholic School
11221		Pocahontas Catholic School
		Remsen – St. Mary's School
City	State Zip	Sheldon – St. Patrick School
		Sioux City – Bishop Heelan Catholic Schools
Phone		Spencer – Sacred Heart School
Filone		Storm Lake – St. Mary's Schools
		Where Needed Most
E-Mail		* If designating to more than one school, please indicate amount for each school.
We/I want to support the Monsign ☐ Check payable to the Monsign	nor Lafferty Tuition Foundation or Lafferty Tuition Foundation is enc	losed in the amount of \$
☐ Pledge of \$		
Date of first payment		
Send reminders as follow	/S	
ALL PLI	EDGES MUST BE PAID IN FUI	LL BY DECEMBER 15, 2025
Please complete this gift form and submit with your gift to:		
	•	Box 3379, Sioux City, IA 51102-3379
For more information, p	lease call the Diocese of Sioux City Stew	vardship & Development Office: (712) 233-7524
of Directors of MLTF. In accordance with board polic may also be redirected to other school(s) due to a lac remaining funds available for tuition awards to stude	y, donations, including donations "Where Needed Most" n ck of eligible students. Up to ten percent (10%) of each don ents with the greatest need. Information contained within t	ining to Student Tuition Organizations (STO), and the criteria established by the Board nay be redirected to other school(s) who have not met their designated goal. Donations ation will be allocated to the universal fund to be used for operating expenses, with his gift form is not considered to be professional or legal advice. Consult a tax advisor on to MLTF. Tax certificates can be provided earlier if necessary.
Signature:		Date:
(Required to receive state	tax credit)	

DEPOSIT DATE: _____ CHECK #: ____ AMT OF CHECK: _____

CONSTRUCTIVE RECEIPT: DATE RECEIVED: ______ TIME RECEIVED: _____ SIGNATURE: _

OFFICE USE ONLY: