



ALUMNI DONATION FORM

www.shrineknightalumni.com

Personal Information

Name: _____ Graduation Year: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Email: _____

- My employer has a Matching Gift program. I have attached the required form.
- Please send me information about providing for Shrine Catholic Schools in my estate plans.

Donation Information

As an alumnus, you can select from one of the following areas to direct your support.

- | | |
|----------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Grade School General Fund | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Academy General Fund | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> High School General Fund | <input type="checkbox"/> Tuition Assistance |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Shrine Knight Fund (to be used where most needed) |

Please make my gift in honor of: _____
(Name)

Please make my gift in memory of: _____
(Name)

Please accept my tax-deductible donation of \$ _____
to Shrine Catholic Schools, as indicated by my selection above.

- I have enclosed a check, made payable to Shrine Catholic Schools
- Please charge my credit card.

Visa Mastercard

Credit Card Number: _____

Expiration Date: _____

Name as it appears on card: _____

Signature of cardholder: _____

Date: _____

Please mail completed form to:
Shrine Knight Alumni Association
ATTN: Development Office
3500 W. Thirteen Mile Road
Royal Oak, MI 48073-6709