

Donor Form

Name:	or check here as Anonymous
Address:	
City.State.Zip	
E-mail:	
Telephone:	
In memory of:	
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Include the family's address if you'd like an a	eknowledgment sent to them.
Amount	
St. Ann's Academy Founders' Club Cumulative donations exceeding \$25	i,000 over a three year period.
Choir of Angels \$1,000 a year for at least three years	j.
Luminaries Club \$10-\$20 per month.	
Century Club One time \$100 gift.	
Other: Total Commitment:	Amount given initially:
Use	
Undesignated Undesignated gifts will be used for go Scholarship Fund Funds will be used to offset the cost Endowment Fund These funds provide for the long terr Special Gift:	
Please mail this form and your shock navable t	to "St. App's Academy" to: D.O. Poy 446 Hernell NV 14942
	to "St. Ann's Academy" to: P.O. Box 446, Hornell, NY 14843 Thank you for the support of the sup
Signature:	Date: Thank supr