CORPUS CHRISTI CATHOLIC SCHOOL

KNOWLEDGE + FAITH + CHARACTER

MY SUPPORT OF THE ANNUAL APPEAL WILL BE:

❑$20,000 ❑$10,000 ❑$5,000
❑$2,500 ❑$1,200 ❑$600
❑$300 ❑$150

❑ Other_____ ❑Amount Enclosed $_____

CCCS gifts are tax deductible, subject to applicable laws.
(Please make checks payable to Corpus Christi Catholic School.)

❑ I PREFER THAT MY NAME NOT APPEAR ON A LIST OF CONTRIBUTORS.

Corpus Christi Catholic School
12100 Quincy Street
Holland, Michigan 40424
Phone: 616.994.9864

CORPUS CHRISTI CATHOLIC SCHOOL ANNUAL APPEAL

❑PLEASE BILL THE BALANCE: $_____ One Time $_____Quarterly $_____Monthly Starting_____ (mo.)
❑I'M INTERESTED IN DIRECT DEBIT. PLEASE SEND ME AN AUTHORIZATION FORM.
❑I'M INTERESTED IN PLANNED GIFTING OF STOCK, BONDS, ETC. PLEASE CONTACT ME.
❑APPLYING FOR MATCHING FUNDS FROM:_____

❑PLEASE CHARGE MY CREDIT CARD: ❑Visa ❑MasterCard ❑Discover ❑American Express
$_____ One Time $_____Quarterly $_____Monthly Starting_____ (mo.)

CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ EXP. DATE:_____

Signature:_____

Name: _____

*Address:*_____ *City, State, Zip:*_____

*Phone:*_____ *E-mail:*_____

*Parish:*_____

Thank you! Your support provides much-needed assistance for the students at CCCS.