

St. Cassian School Foundation, Inc.

## Membership Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ I enclose my tax deductible gift of \$ \_\_\_\_\_.

\_\_\_\_\_ I pledge a total gift of \$ \_\_\_\_\_ to be paid in monthly installments.

\_\_\_\_\_ I am enclosing herewith \$ \_\_\_\_\_, with the balance to be paid \_\_\_\_\_.

\_\_\_\_\_ Eligible for matching gift (please specify employer's name and address below).

\_\_\_\_\_

\_\_\_\_\_

Please make checks payable to St. Cassian School Foundation, Inc. and return to 190 Lorraine Ave, Upper Montclair NJ 07043.

\_\_\_\_\_ *I am interested in information regarding alternate forms of giving (e.g. Memorial Gifts, Trusts and Bequests, Securities and Life Insurance).*