

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).*