



FR. TOLTON CATHOLIC HIGH SCHOOL

Follow not the well-worn path; go instead where there is no path and blaze a trail.

Name: _____ Name: _____

Phone: _____ Email: _____

Address: _____

(Street Address, City, State, Zip)

I would like my gift to benefit:

I am making this gift in honor/memory of (optional): _____

How I would like to donate:

☐ I/We plan to contribute \$_____ payable over _____ years (a maximum of five years).

☐ My first payment of \$_____ is enclosed.

☐ Payments of \$_____ will be made annually beginning _____ (month/year).

☐ Payments of \$_____ will be made quarterly beginning _____ (month/year).

☐ Please do not send reminders.

☐ My gift will be made via a donor-advised fund.

☐ I/We prefer my/our name(s) to be confidential.

☐ Other instructions: _____

Matching Gift

☐ I/We anticipate matching gifts of \$_____ from _____

(Employer/Foundation Name)

Gifts are tax-deductible to the fullest extent allowed by law. Checks should be payable to Fr. Tolton Catholic High School with the gift designation noted in the lower left-hand corner. Your gift might qualify you to be recognized in one of the school's donor recognition societies.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to:

Fr. Tolton Catholic High School - Attn: Advancement
3351 E. Gans Road, Columbia MO, 65201

Thank you for your support.

development@toltoncatholic.org
(573) 445-7700