



SAINT CATHERINE CENTER FOR
Special Needs

DONOR FORM

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Telephone _____ Email _____

Please apply my gift to: ___ Annual Fund ___ *Building For the Future* Campaign

PLEASE CHOOSE ONE METHOD OF PAYMENT

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Send your check to: Saint Catherine Center for Special Needs
760 Tahmore Drive
Fairfield, CT 06825

CREDIT CARD

Please charge my credit card ___ VISA ___ Mastercard ___ American Express

Donation amount: \$ _____ Name on card: _____

Credit Card #: _____ Expiration Date: _____ CVV # _____

I authorize the above payment: _____
Signature Date

If you would like to make a gift of stock, please contact us at 203-540-5381.

Please email this completed form to: lgrozier@stcatherineacademy.org
or mail to:

Saint Catherine Center for Special Needs
760 Tahmore Drive | Fairfield, CT 06825 | 203-540-5381

*Saint Catherine Center for Special Needs is a 501(c)3 organization.
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