

# St. Paul Lutheran School

## DONATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Phone Number: \_\_\_\_\_

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

### I am a (✓ all that apply)

- Current School Parent
- Alumnus/Alumna Class of: \_\_\_\_\_
- Former School Parent
- Former Faculty/Staff
- Current Faculty/Staff
- Parishioner
- Grandparent: My Grandchild's Name: \_\_\_\_\_
- Supporter

### Please make my Gift:

- Anonymous
- In Honor of: \_\_\_\_\_
- In Memory of: \_\_\_\_\_

### Matching Gift: My Gift will be matched by my company:

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

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

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### **SCHOOL SCHOLARSHIP ENDOWMENT FUND** (Only the interest earned is used to fund scholarships)

Endowment Fund \$ \_\_\_\_\_ .00

### **SCHOOL ANGEL SCHOLARSHIP FUND**

Angel Scholarship Fund \$ \_\_\_\_\_ .00

### **CAPITAL IMPROVEMENT FUND**

Capital Improvement Fund \$ \_\_\_\_\_ .00

### **SCHOOL SUPPORT FUNDS**

Select Fund(s):

Athletics/Booster Club \$ \_\_\_\_\_ .00

Art Department \$ \_\_\_\_\_ .00

Library \$ \_\_\_\_\_ .00

Music Department \$ \_\_\_\_\_ .00

Band Program \$ \_\_\_\_\_ .00

Technology \$ \_\_\_\_\_ .00

Please make all checks payable to ***St. Paul Lutheran School***

**Mail to:** St. Paul Lutheran School

701 W. Palmetto Park Road

Boca Raton, FL 33486

**Email:** [contactus@cyberfalcon.com](mailto:contactus@cyberfalcon.com)

**Phone:** (561) 395-8548