

St. John Lutheran School

Annual Giving Form

Name: _____

Address: _____

Phone: _____ Email: _____

My/Our relationship with SJTRF: (choose all that apply)

- Church Parishioner School Family Friend/School Supporter
-

YES! I/We would like to support SJTRF School! Our commitment will be:

Giving Opportunities

- Keystone - \$5000+
 Arch - \$1000 - \$4999
 Pillar - \$500 - \$999
 Base - \$100 - \$499
 Donor - \$1 - \$99

Please use my gift for:

- Greatest need
 Technology
 School endowment
 Tuition Assistance

Total gift: _____ **Enclosed Payment:** _____ **Balance Due:** _____

Thank you for supporting SJTRF School. Your gift is 100% tax deductible.

Checks can be made payable to: St John School

- My employer will match this gift. A matching gift form is enclosed.
 I have included SJTRF School in my will, trust or insurance policy.
 Please contact me concerning my estate plans.
 Please contact me concerning a gift of stock.

How would you like your name to appear in the 2015-16 SJTRF School Annual Report? **(Please choose one)**

- Name: _____
 In Honor of: _____
 In Memory of: _____
 I wish to remain anonymous.

Please remit completed form and payment to:

St. John School – 15671 158th St NE Thief River Falls, MN 56701
Any questions? Please call the school office at (218)681-7753