YES! I WI	LL SUPPOR	RT THE ST. JO	DHN VIAN	INEY SCHO	OL ANNUAL F	FUND!
\$500	\$250	1 \$100	\$ 50	S	(other am	ount)
		ol with prayers.				
Payment In	formation					
☐ My check is enclosed			☐ Bill my	credit card		
(payable to St. John Vianney School)				Signature:		
Credit Card #	:		Exp	iration:	CVV	**
Name:						
Street Addres	s:					
City:		ST: Zi	p:	Phone:	·	
Email:						

Recognition:					
All monetary donations will be listed yearly	y in SJV's Honor Roll of Donors. Please tell us how you would like to be				
listed (ex. Mrs. Jane Jones or Dr. and Mrs. Ja	ames Jones).				
	☐ Please list my donation as "Anonymous.				
My gift is \square in honor of \square in memory of					
I am/We are (check all that apply): ☐ grandparents ☐ aunt/uncle ☐ friends	of SJV Student:				
☐SJV alumna/alumnus class of:	Parent of an SJV alumnus, class of				
Many companies will match donations	from their employees. Ask your employer for more information!				

THANK YOU FOR MAKING A DIFFERENCE FOR OUR STUDENTS!