

ANNUAL APPEAL 2024-2025
SAINT JOSEPH
The Provider School

_____ Yes, I would like to be included in the mission of St. Joseph the Provider School.

Secure Online Donation available at www.StJosephTheProviderSchool.com

Check/Cash/Credit Card Donation on the reverse of this card.

ALL DONATIONS ARE TAX DEDUCTIBLE. CHECKS SHOULD BE MADE PAYABLE TO **ST. JOSEPH THE PROVIDER SCHOOL**

MAILING ADDRESS: 1145 TURIN ST., YOUNGSTOWN, OH 44510 · 330-259-0353

☐ Please check if your employer has a Matching Gift Program. Our EIN is 45-2900206.

Please complete the reverse side

Thank you so much!

ST. JOSEPH THE PROVIDER SCHOOL

2024-2025 Annual Appeal

A COMMITMENT TO CHRIST, A COMMITMENT TO EXCELLENCE

The Annual Appeal Campaign is an essential program that helps St. Joseph the Provider School sustain programs and activities not fully covered by tuition. This fund is a top priority for growth and development. Our Annual Appeal donations are slated to be used for classroom resources, technology, and professional development for staff. An annual giving program affords the opportunity for the entire community to help support the mission of our school with the level at which they feel comfortable, and provides a charitable, tax-deductible gift opportunity for each donor.

DONOR INFORMATION

Donor Name(s) _____

Business Name _____

Address _____

Phone _____

Email _____

I/We pledge the following gift: \$ _____

to be paid by

☐ Check/Cash Enclosed ☐ Amex/Discover/MasterCard/Visa

☐ Once on _____ ☐ Monthly ☐ Quarterly

Account No. _____

Exp. Date _____ CVV _____

MY SIGNATURE _____

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