

**St. Thomas Parish  
School Development Fund**

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

I(we) wish to contribute to the St. Thomas Education Fund. Please accept my payment as follows:  
(Please make checks payable to the *St. Thomas Education Fund*)

One time payment of \$ \_\_\_\_\_ (check enclosed \_\_\_\_\_ Will mail on \_\_\_\_\_ )  
(Date)

Credit Card Gifts  
Please charge my *St. Thomas Education Fund* gift of \$ \_\_\_\_\_ to my :  
\_\_\_\_\_ Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express

**Account Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

Name on Card \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature \_\_\_\_\_

I would like to contribute by other means, please contact me.

Daytime Phone \_\_\_\_\_