



Charitable Giving Form

Aquinas Catholic Schools & Aquinas Catholic Schools Foundation

Donor Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____ Employer: _____

Gift Amount: \$ _____

Gift Designation:

Aquinas Annual Fund

Aquinas Foundation

Aquinas Next Step Forward Campaign

Guardian Angel Fund

In Memory/Honor of: _____

Gift to a named Scholarship Fund: _____

Other (please note): _____

I would like to learn more about the following:

Scholarships

Planned Giving

Making a gift of stock

Making a gift from a retirement/investment account

Making a gift from an insurance policy

**Aquinas Development Office
315 11th Street South
La Crosse, WI 54601
608-784-0707**