



AQUINAS  
CATHOLIC  
SCHOOLS

## 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

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