

|                                   |                                  |
|-----------------------------------|----------------------------------|
| NAME _____                        | CLASS YEAR (IF APPLICABLE) _____ |
| SPOUSE NAME (IF APPLICABLE) _____ | CLASS YEAR (IF APPLICABLE) _____ |
| ADDRESS _____                     |                                  |
| CITY _____                        | STATE _____ ZIP _____            |
| PHONE _____                       | CELL _____                       |
| EMAIL _____                       |                                  |
| EMPLOYER _____                    |                                  |

*All gifts are meaningful and greatly appreciated.*

Gifts of \$300 or more entitles donors to an Alumni Pass for SFHS athletic contests (excluding playoff games, Bellarmine basketball and sold-out games)

**PRESIDENT'S CLUB LEVEL \$2,500 and above**

Those giving at the President's Club level or above receive an invitation to the annual President's Club Celebration which will be held in the fall of 2020.

**SHARE YOUR LEGACY WITH US**

- Please send me information on how I make a gift through my will, trust, or retirement account.
- I have included Saint Francis in my estate plans.
- My gift may be eligible for matching fund from my or my spouse's employer



**THANK YOU!**

SAINT FRANCIS   
 HOLY CROSS  
 ALUMNI ASSOCIATION  
 1885 MIRAMONTE AVENUE  
 MOUNTAIN VIEW, CA 94040

PLACE  
STAMP  
HERE

no ink or varnish

no ink or varnish



Create **POSSIBILITIES**

The 40 Lancers Scholarship Program unites 40 members of the SFHS community to fund an entire Saint Francis education for a deserving student with demonstrated financial need. Invest, embrace and support Saint Francis students by joining the 40 Lancers roster today!

A gift or pledge may be made with this envelope or online at [sfhs.com/40Lancers](http://sfhs.com/40Lancers) or [sfhs.com/alumni/giving](http://sfhs.com/alumni/giving).

**imagine the future**



**Yes!** I will help support a bright future for SFHS students

### I/We support Lancer Scholarship Programs

#### 40 Lancers

I/We pledge to support the 40 Lancers Scholarship Program, \$2,000 paid within four years.

- One time: \$2,000     Annually: \$500 in 4 consecutive years
- Quarterly: \$125 for 16 consecutive quarters

#### Alumni Class Endowed Scholarship Fund

I/We would like to support my Alumni Class Endowed Scholarship Fund: Amount: \$ \_\_\_\_\_

- One-time gift \$ \_\_\_\_\_     Annual Pledge \$ \_\_\_\_\_ to be paid over the next # \_\_\_\_\_ months.

#### Payment

- Check enclosed    or     MasterCard     VISA     AMEX     Discover

or save a stamp and easily give online at

**[sfhs.com/40Lancers](http://sfhs.com/40Lancers) or [sfhs.com/alumni/giving](http://sfhs.com/alumni/giving)**

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

SIGNATURE

no ink or varnish

no ink or varnish