

# #GIVING TUESDAY

## Gift Information to Holy Trinity Catholic Academy

\$25    \$50    \$100    \$250    \$500    Other \$ \_\_\_\_\_

## Donation Frequency

One time    Monthly

## I would like my gift to go to

Scholarship Fund

Wherever it is most needed

To make a gift in honor or in memory of someone special

In honor of \_\_\_\_\_ In memory of \_\_\_\_\_

## My Billing Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Here's how I would like to pay

Amount      \$ \_\_\_\_\_

Card Number \_\_\_\_\_

CVV2 Info \_\_\_\_\_

Card Type (Name of credit card) \_\_\_\_\_

Expiration Month \_\_\_\_\_

Expiration Year \_\_\_\_\_