



York Catholic High School  
**Donation Form**

Please print and complete this form  
and mail it with your check or credit card information to:

York Catholic High School  
Advancement Office  
601 East Springettsbury Avenue  
York, PA 17403

*Please print clearly*

Name \_\_\_\_\_ Class of \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

Enclosed is my gift to York Catholic High School \$ \_\_\_\_\_

Check payable to *YCHS*

Credit Card Type:  MasterCard  Visa  Discover

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Please direct my gift to support the following area:

- York Catholic Fund     Tuition Assistance     Forjan Focus Fund for Teachers' Salaries  
 Other \_\_\_\_\_

**Additional Ways to Give**

- Memorial Gift
- Honorary Gift
- Life Insurance
- Corporate Sponsorship
- Matching Gift Program through Employer
- Stock or Annuity
- Planned Giving / Estate Gift

For information about these additional ways to give,  
contact the Advancement Office at 717-846-8871 x222.

**Thank you!**