



# 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 E Springettsbury Ave  
York PA 17403

Name \_\_\_\_\_ Class of \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ 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 more information about these additional ways to give,  
Contact the Advancement Office at 717-846-8871 x322.

## Thank you!