



Donation Form

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

York Catholic Middle & 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 *York Catholic*

Credit Card Type: MasterCard Visa Discover American Express
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 x1322.

Thank you!