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DONOR INFORMATION	RELATIONSHIP TO SJNDS STUDENT		
Donor's Name	☐ Parent/Grandparent	t of Student(s)	
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I/We are pleased to support St. Jo □ Gift of Prayer	n Notre Dame School with this gift: I would prefer to allocate my gift to:		
□ A Donation of \$ □ In Memory of	<ul> <li>□ TK</li> <li>□ 1<sup>st</sup> Grade</li> <li>□ 3<sup>rd</sup> Grade</li> <li>□ 7<sup>th</sup> Homeroom</li> </ul>	□ P.E.	
Payment Options  ☐ Payment Enclosed (Full Amount)	□ Science □ Art □ No Preference!	<ul><li>□ Programming Club</li><li>□ Robotics</li></ul>	
<ul><li>□ Payment Enclosed (Partial Amount)</li><li>□ 4 Quarterly Payments</li><li>□ 8 Monthly Payments (Oct – May)</li></ul>	□ No Preference:		

Thank you for your generous support of SJNDS!