



Gift Form

Donor Information

Today's Date:		
Name(s): <i>Please print your name(s) as you would like it to appear in our publications.</i> <input type="checkbox"/> I / We wish to remain anonymous.		
Address:		
City:	State:	Zip:
Phone:	Email:	

Gift Information

Enclosed is my gift of \$ _____ <input type="checkbox"/> Enclosed is my check. Check # _____ <i>Please make payable to St. Sebastian Parish Foundation</i>	
<input type="checkbox"/> Please charge my credit card (all major cards accepted) <i>* If paying by credit, please provide email & phone # above.</i>	Account #: _____ Expiration Date: _____ CSC Number: _____ 3 digit number on the back of the card

Gift Designation

<input type="checkbox"/> Unrestricted Gift for the Areas of Greatest Need in the Parish	<input type="checkbox"/> Other _____ <i>For a complete list of fund & endowments, visit: stsebastian.org/foundation/funds-and-endowments</i>
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Memorial/Honorary Gifts

<input type="checkbox"/> In Memory of	<input type="checkbox"/> In Honor of	<input type="checkbox"/> In Celebration of _____
<input type="checkbox"/> Please send notification of this gift, but not the amount, to Name (of family member to be notified):		
Address:		
City:	State:	Zip:

Please mail this completed form to: **St. Sebastian Parish Foundation**
476 Mull Avenue, Akron, OH 44320 Phone: 330.836.2233 x113

*Thank you for your tax-deductible donation to the
St. Sebastian Parish Foundation. Your generosity makes a real difference.*