

ST. JOSEPH SCHOOL
Annual Benefit Gala
April 28, 2018

Sponsor/Company: _____ Contact: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Donor's Signature: _____ Solicited by: _____

Sponsor attending event: yes no

Sponsorship Level: \$5,000 \$2,500 \$1,500 \$500

Please submit this form and a check made payable to St. Joseph School to:
St Joseph School 373 Winter St NE Salem OR 97301 503-581-2147

www.stjosephchurch.com/school

Return White and Yellow Copy - Pink Copy is Donor's receipt Federal Tax ID# 93-0399053

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