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

Federal Tax ID# 93-0399053

Return White and Yellow Copy - Pink Copy is Donor’s receipt

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