



York Catholic High School  
**Donation Form**



Please print and complete this form  
and mail it with your check or credit card information to:  
**York Catholic High School  
Development Office  
601 E. Springettsbury Avenue  
York, PA 17403**

Name \_\_\_\_\_ Class of \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Enclosed is my gift to York Catholic High School \$ \_\_\_\_\_

Credit Card Type:  MasterCard  Visa

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

### **Additional Giving Opportunities**

#### **Employer Matching Gift Program**

Many employers match employees' gifts to York Catholic High School. Please check with your human resource personnel for availability and forms.

#### **United Way**

Please consider designating York Catholic High School as a write-in option on your United Way contribution form.

#### **Planned Giving**

Please remember York Catholic High School in your will.

Please send me more information on planned giving.

**Thank you!**  
**We appreciate your gift**