

Mail in Gift Form

Dr. Mr. Mrs. Ms. _____

First Name

Middle Initial

Last Name

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ E-mail Address: _____

_____ Check here if this is a **Memorial Gift**

Name of deceased individual: _____

_____ Check here if this is an **Honorary Gift**

Name of the individual being honored: _____

Reason or occasion: _____

Please notify the individual listed below that I have made this gift:

Name: _____

Address: _____

Payment Method:

_____ *Check*: Please make payable to DuBois Central Catholic

_____ *Credit Card*: Visa Master Card American Express (circle one)

Account Number: _____

Expiration Date: _____ CCV (3 digit number on back of card) _____

Signature: _____

Please mail to:

DuBois Central Catholic
c/o Memorial/Tribute Gift Program
P.O. Box 567
DuBois, PA 15801