



Saint Ann Catholic School
3910A Spring Ave. SW
Decatur, AL 35603
256-353-6543

ALUMNI SUPPORT FORM

Thank you for your willingness to support Saint Ann Catholic School.

Please fill out the form below with your contact information. Below the contact information please select from the list of options on how you might support us throughout the year.

Alumni Student's Name _____
Last Name First Name Middle Name

Organization name (if applicable) _____

Address _____
Street Address

_____ City State Zip

Mailing address (if different) _____
Street Address

_____ City State Zip

Email _____

Primary Phone _____ Secondary Phone _____

Please check the box(s) below to indicate the type of support you are interested in.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Annual Giving | <input type="checkbox"/> Memorial Gifts | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Endowments/Scholarships | <input type="checkbox"/> Donation | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Capital Gifts | <input type="checkbox"/> Other (please provide description) | |
