



LAKWOOD CATHOLIC ACADEMY

Please indicate your choices below, or donate online at LakewoodCatholicAcademy.com/support

ONE-TIME GIFT

- Enclosed is my/our gift in the amount of \$ _____
- This gift will be matched by my employer
Employer Name _____

RECURRING GIFT

- I/We wish to contribute \$ _____ per month beginning _____
Minimum of \$10/month; a monthly gift of \$25 yields an annual gift of \$300.
I authorize LCA to withdraw funds from my checking account (attached voided check) on the 15th of each month until I notify LCA in writing to stop.
Signature _____

- I/We would like this gift to be directed to the Sisters Charity Legacy Fund for Tuition Assistance.
Established in 2013 with a gift from the Sisters of Charity Foundation in Cleveland, this Fund was created to honor their extraordinary contributions to Catholic education. The Fund will also be used to inspire new gifts to further assist LCA in fulfilling unmet tuition assistance needs.

List name as it should appear in the LCA Honor Roll of Donors

- Please list this gift as anonymous

Name(s) _____

Address _____

City / State / Zip _____

Email _____

Phone _____

- This gift is in memory/honor (circle one) of

THANK YOU FOR YOUR SUPPORT.