YES! I want to support ST. PETER CLAVER SCHOLARS!

I am giving a gift of $_____

I will become a SUSTAINING GIVER by promising this gift for _____ years starting _____ ending _____.

I will fulfill this gift in the form of:

❏ CASH/CHECK
Checks payable to St. Peter Claver Catholic School

❏ CREDIT CARD
We will call for your information or provide it at right

❏ ONLINE GIVING
Click on "Give Today" at stpclaverschoolmn.org

❏ STOCKS/SECURITIES
We will call you with broker information

NAME ❏ Please keep gift anonymous in publications

ADDRESS

CITY/STATE/ZIP

PHONE (home, cell or work?) EMAIL

PAYMENT METHOD

❏ Check enclosed
❏ Visa ❏ Mastercard ❏ Discover

CARD #

EXP. DATE

NAME ON CARD

HAVE THOUGHTS TO SHARE?
Laura Wagner,
Chief Advancement Officer
612 424-6206
lwagner@ACAmn.org

RETURN COMPLETED FORM TO:
Ascension Catholic Academy
on behalf of
ST. PETER CLAVER SCHOOL
1723 Bryant Ave. N
Minneapolis, MN 55411