Fiscal Year 2024 Enrollment Form

Name:	Phone number:
Home address:	
City, state, zip:	Email:
O I would like to be recognized as:	
O I would prefer my name <u>not</u> be listed on donor recognition reports.	
Yes! I want to support the Saint Therese community!	
O My gift is a reccuring payroll deduction. \$2.00 minimum per pay period required for recurring gifts. Payroll deductions will start on the next pay period and continue until you notify us.	
O \$20.00 O \$10.00 O \$5.00	O \$2.00 O Other \$
O My gift is a one-time gift. O Cash O Check O Payroll deduction	
O \$50.00 O \$25.00 O \$10.00	O \$5.00 O Other \$
Gift Designation	
O New Hope resident activities O C	Oxbow Lake resident activities
O Woodbury resident activities O S	it. Odilia Caring Fund
O Ascend Mark Stanfield Scholarship O V	Where needed most
PLEASE MAKE CHECKS PAYABLE TO: SAINT THERESE FOUNDATION	

Scan form to development@sainttherese.org <u>or</u> return to the Human Resources office. Questions? Call Cheri at 952.283.2219