

RISE & SHINE

Our Lady of Grace Senior High Scholarship Fund

Contact Information

First Name

Last Name

Address

City

State

Zip

Primary Phone

Cell

Home

Email

I/We wish to support RISE & SHINE as follows:

Amount:

\$25,000

\$10,000

\$1,500

\$1,000

\$500

\$250

\$100

\$50

\$25

Other: \$

Method of Payment:

Check payable to **Our Lady of Grace - RISE & SHINE**

Auto Debit (EFT) *(Please see below)*

Credit Card *(Please see below)*

Gift of Stock *(Request a transfer form)*

Cash

Please return completed for to:

OLG - RISE & SHINE

5071 Eden Ave

Edina, MN 55436

Financial Information

Auto Debit (EFT)

Name of Financial Institution

Address of Financial Institution

City

State

Zip

Name on Account

Routing Number

Account Number

Checking Account **OR** Savings Account
attach a voided check *attach a savings deposit slip*

Credit Card

Visa

MasterCard

AMEX

Discover

Account Number

Expiration Date

CCV

Name of Cardholder

Billing Address

City

State

Zip

Acknowledgement

I authorize Our Lady of Grace Church to process credit or debit entries to my account.

Signature

Date

Please keep my name anonymous.

Office use only: ChMS GDT TY VAN T#