QUEEN OF PEACE
Catholic School

We Learn. We Serve. We Grow

Name: _____ Telephone: (____)_____

Mailing Address: _____

City, State and Zip Code: _____

☐ Alumni ☐ Parent ☐ Grandparent ☐ Parent of alum ☐ Friend

☐ This contribution should go to the area of greatest need.

☐ This gift is designated for:
- ☐ Tuition Assistance
- ☐ Growth of the Endowment Fund
- ☐ Other (please specify) _____

This gift is in memory of :_____

This gift in honor of: _____

Enclosed is ☐ a gift for $_____ ☐ a pledge for $ _____ payable over _____ months.

This gift will be matched by_____
your company's name telephone #

☐ I/We wish to remain anonymous (no listing in the annual report.)

☐ Please contact me regarding will and estate planning.

Comments: _____

This may be mailed to:
Queen of Peace School
PO Box 3696
Salem, OR 97302

Please make your tax deductible check payable to *Queen of Peace School.*

THANK YOU!