

Happy 95th Birthday, St. Robert School!



Name(s): _____
FIRST LAST MAIDEN

Address: _____

City/State/Zip: _____

Phone: _____ Email: _____

Relationship - Circle all that apply: Alumni-Class of _____
Current Parent Alumni Parent Grandparent Parishioner Faculty/Staff Friend

Gift/Pledge Amount \$ _____ to be paid by June 30.

Cash Check made payable to St. Robert School
 Credit Card - Circle one: Visa Master Card Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____

I/We intend to make payments beginning on _____, 20_____

Please send reminders: Semi-annually Quarterly Monthly

This gift is made in memory
of _____

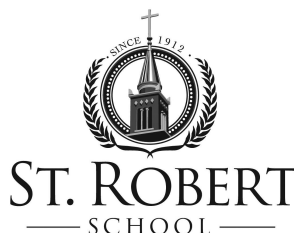
in honor of _____

This gift qualifies for a matching gift from

Name of Employer _____

St. Robert School or the School Society Endowment Fund is in my will.

*Thank you for your tax
deductible investment.
Please visit our website at
www.strobert.org*



Advancement Office
2200 E. Capitol Drive
Shorewood, WI 53211-2196