

HONORARY SAINTS  *Legacy Fund*

Please accept our donation in the amount of \$ _____.

This is in honor of or in memory of _____.

Please mark one of the following:

| | |
|---------------------|----------------|
| _____ classmate | Class of _____ |
| _____ administrator | years _____ |
| _____ teacher | years _____ |
| _____ board member | years _____ |
| _____ other _____ | years _____ |

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

_____ We give approval for our donation to be acknowledged in the media and in printed materials.

Signed: _____ Date: _____

Please return completed form to:
SAINTS Legacy Fund
HONORARY SAINTS CONTRIBUTION
c/o St. Ansgar State Bank
237 W 4th Street
St. Ansgar, Iowa 50472