

The Holy Spirit Fund



I am pleased to pledge support to Catholic Education through the Holy Spirit Fund. SPIRITUS SANCTUS
a c a d e m y

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: _____ EMAIL: _____

I would like to make a:

- Monthly Donation \$_____ for _____ months
- One Time donation in the amount of \$_____

I would like to donate to:

- Spiritus Sanctus Academy (Ann Arbor Location)
- Spiritus Sanctus Academy (Plymouth Location)
- Spiritus Sanctus Academies

Method of Payment

- I wish to pay by CHECK; Please make out check to *SSA with "Holy Spirit Fund" in the memo*
- I wish to pay by CREDIT CARD.

NAME (as it appears on card): _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ___/___

SECURITY CODE: _____

- I wish to discuss other forms of giving (Planned Giving, Donating Securities, Stocks ..etc)

PLEASE MAIL THIS DONATION FORM ALONG WITH YOUR DONATION (IF PAYING BY CHECK) TO:

MAIL TO:
The Holy Spirit Fund
P.O. Box 365
Ann Arbor, MI 48106

QUESTIONS?
SSA Ann Arbor—734-996-3855
SSA Plymouth—734-414-8430
Or visit:
www.SpiritusSanctus.org