



## *Donation Form*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Donation: Please be as specific as possible –  
If a service is being offered, specify number of hours,  
Where service will be done, etc.  
\_\_\_\_\_  
\_\_\_\_\_

---

Approximate Value: \$ \_\_\_\_\_

\*I would like to be an "ALL STAR DONATOR" featured in the Event Brochure. Please make all checks payable to St. Rose of Lima School. Thank you for your participation!

\*BRONZE STAR: donation up to 50 dollars

\*SILVER STAR: donation up to 100 dollars

\*GOLD STAR: donation up to 500 dollars

\*PLATINUM STAR: 1000 dollars or more

Please return this form to:

St. Rose of Lima School  
4704 Merrick Road  
Massapequa, NY 11758  
Attn: 50<sup>th</sup> Anniversary Committee

Barbara Hillin	516-795-8536
Shirley O'Sullivan	516-795-7365
Barbara Cronan	516-799-5721
Crissy Fox	516-541-1688
Loreen Entenmann	516-541-3838