

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