



Please mail this form and your check to:
St. Rita School for the Deaf
Attn: Robin Bayowski
1720 Glendale-Milford Rd
Cincinnati, OH 45215

(Please print all information clearly)

Information

Date: _____

Enclosed is my check in the amount of \$ _____ payable to St. Rita School for the Deaf.

My name : _____

Address: _____

City/State/Zip _____

Home phone: () _____ Email address: _____

(Receipt will be sent to the address above)

Type of Donation

General Donation

Gift In Memory of: _____
(name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

Gift In Honor of: _____
(name of individual)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/Zip: _____

We thank you for your support!
Your contribution is tax-deductible.