



SAINT CATHERINE CENTER FOR
Special Needs

Donor Form

Name _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

PLEASE CHOOSE ONE METHOD OF PAYMENT

- **Check:** Send your check to: **Saint Catherine Center for Special Needs**
760 Tahmore Drive
Fairfield, CT 06825

- **Credit Card:**

Please charge my credit card VISA MasterCard American Express

Donation amount: \$ _____ Name on Card: _____

Credit Card # _____ Expiration Date: _____ CVV # _____

I authorize the above payment: _____

Signature

Date

- **ACH transfer:**

In order to transfer via donor's online banking account, please note the following banking information for Saint Catherine Center for Special Needs.

Routing number: 221172186 **Account Number: 0057009075**

Date of Transfer: ____/____/____ **Donation amount:** \$ _____

Please send this completed form to: Lgrozier@stcatherineacademy.org or mail to:

Saint Catherine Center for Special Needs
760 Tahmore Drive
Fairfield, CT 06825

Saint Catherine Center for Special Needs is a 501 (c)(3) Organization.

All gifts are tax deductible to the fullest extent of the law.