DONOR INFORMATION

Name: _____

Address: _____

Telephone: _____

Email: _____

☐ Please recognize this gift in publications as received from:

_____

☐ I/We wish to remain anonymous and do not wish my/our name published in recognition materials.

Touching Hearts

Endowment Campaign 2030

Building a Legacy of Opportunity

Donor Signature:

_____ Date _____

Additional Donor Signature (optional):

_____ Date _____

DONOR-NAMED FUND (OPTION 2)

I/We will support the Touching Hearts campaign with a commitment of:

$_____

With installments to be paid:

☐ Monthly

☐ Quarterly

☐ Annually

I/We would like to designate my/our gift to:

☐ Financial Aid

☐ Capital Support

☐ General Support

Starting on (date) _____

to be paid over: _____ *(not to exceed four years).*

Pledges can be made via cash, check, credit card or by gifts of security.

Please return this completed form to: DLSNC
4300 NE Killingsworth St., Portland, OR 97218

For questions, please call Ashleigh de Villiers at 503.285.9385 ext. 101
or email adevilliers@dlsnc.org.

DE LA SALLE
NORTH CATHOLIC
HIGH SCHOOL