



Adopt-A-Teacher Program Donation Form

Yes, I want to help support the world's most important job!

Enclosed is:

- \$100,000 – One teacher for the school year
 \$75,000 \$50,000 \$25,000 \$10,000
 Other: \$ _____

Card Number _____ Exp. Date _____ CVV: _____

Name of Cardholder _____

Signature _____

Would you like this to be a recurring donation?

Yes, charge me \$ _____ every month on _____

This gift is in In Honor of / In Memory of: _____

Name _____

Home Address _____

City/State/Zip _____

Phone _____ E-mail _____

Alumnus, Class of _____

Matching Gift Program: You can increase your gift if you work for a company with a Matching Gift Program. See your Human Resources Officer.

For more information, please contact Mr. Paul Hosch,
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