



ANGEL

SCHOLARSHIP FUND

*Turning taxes into tuition
with the Catholic Community Foundation*

2022 Contribution Form

CONTRIBUTOR

First Name: _____ MI: _____ Last Name: _____

Spouse Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Member(s) of Parish: _____

Thank you! We will share your contact information so that our schools can thank you for your support. Not necessary

CONTRIBUTION

General Scholarship Fund for Schools in Most Need \$ _____

School of my choice: _____ \$ _____

Total: \$ _____

PAYMENT INFORMATION

I am paying by:

Check (made payable to Angel Scholarship Fund)

Credit Card: Visa Mastercard Discover AMEX

Card Number: _____ Expires: _____ / _____ CW Code: _____

Signature: _____

(OR) MONTHLY CONTRIBUTIONS

Would you like to STRETCH your contribution into smaller, monthly payments? Register for monthly contributions at www.catholiccommunity.org/angel or call our office for assistance at 216-902-1312.

Complete and mail contribution form to:

Angel Scholarship Fund
Catholic Community Foundation
1404 East Ninth Street
Cleveland, OH 44114