St. John Paul II Classical School

320 Victoria St. Green Bay, WI 54302

Gym Facility Project

Name: _____

Address: _____

_____

Parish: _____

Phone: _____

Email: _____

☐ I/we wish to pledge the amount of $_____ to be paid over ☐ 1 ☐ 2 year(s).

☐ Monthly ☐ Yearly ☐ Other

☐ **Check** (*payable to GRACE*) $_____

☐ **Credit Card**: (*complete authorization on back)*

Total Gift $ _____

Please contact Patrick McKeown, Interim Headmaster, at pmckeown@gracesystem.org for more information.

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