

Donation Card



Your Name: _____

Gift Amount: \$ _____

I want to designate my gift to:

☐ NDCL Fund

☐ Endowment

☐ Memorial Gift

☐ Other

Please complete and mail to:

Notre Dame Schools

Office of Advancement

13000 Auburn Rd, Chardon OH 44024



Gift/ Pledge Payment Options:

☐ Gift by Check

Enclosed is my check payable to NDCL

☐ Gift by Credit Card

Please charge my credit card the
specified amount listed above

Name on Card: _____

Card Number: _____

☐ MasterCard ☐ Visa ☐ Amex

Expires: _____ CVV Code: _____

Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____