



Name: _____ **Check #** _____
Please print first and last name.

Company: _____
Please print if applicable.

Address: _____

Phone: _____ **Email:** _____

Decide which area/program you wish to adopt. It can be a family member's classroom or an area of personal interest.

Donate \$400 or share an adoption - two contributors at \$200 each.

PreK 3 or 4 First Grade through Eighth Grade: _____
Grade: _____ STREAM Spanish Art

Music Media Center Resource Technology/Robotics

Physical Education Guidance My donation of \$ _____ is enclosed to be used for projects, special activities and supplies.

Please return the completed form and your donation to:
St. Andrew Catholic School, Attention Mr. David Nelson, 1509 S.E. 27th Street, Cape Coral, Florida 33904

Please make checks payable to St. Andrew Catholic School. Thank you for your support!