



Grab N Go Donor:

(Your name or business will be recognized as listed above.)

Contact Name: _____

Address: _____

Phone: _____ Email: _____

**I would like to support SMSA by making a
gift card/gift certificate donation.**

Number of cards: _____

Value of each card: _____

Total donation amount: _____

Gift cards/certificates are requested by July 2, 2018.

I will mail cards/certificates to address below.
(Include this form when mailing.)

Please pick up. Date cards will be ready: _____
(send email to cgilles@smsacademy.org to arrange pick up)

Return to:

St. Mary's Springs Academy/Chris Gilles
255 County Road K
Fond du Lac, WI 54937