



MARTIN SAINTS  
CLASSICAL HIGH SCHOOL  
A CHESTERTON ACADEMY

I agree to contribute the sum of \$\_\_\_\_\_ per year to the SPE designated by the Foundation for Catholic Education. I understand that the SPE will provide me with a final Operating Agreement. I also understand that my commitment to the SPE will not be final until I agree and sign the SPE's Operating Agreement.

Please note: 10% of your contribution will go to an elementary school in the Archdiocese of Philadelphia to help sustain the Archdiocesan elementary feeder schools.

Please accept my contribution for the time period:

Spring (Check written February-March)

Fall (Check written October-December)

My information for contact and tax filing purposes is as follows:

Member Name:	_____
Spouse Name:	_____
Private Catholic School Name:	_____
Archdiocesan Grade School 10%:	_____
Home Address:	_____
E-Mail Address:	_____
Cell Phone:	_____
Social Security Number:	_____

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail or scan  
completed form to:  
Martin Saints Classical High School  
Attn: Nicole Marshall  
121 Allison Road  
Oreland, PA 19075  
nmarshall@martinsaintsclassical.org