

Mary Help of Christians Academy Education Fund

COST PER STUDENT: \$10,000.00

TUITION: \$6,000.00

HALF TUITION: \$3,000.00

QUARTER TUITION: \$1,500.00

I would like to help _____ students with my donation of \$_____ for each student for a total gift of \$_____.

To be paid: Now Monthly Quarterly

Ms./Mr./Mrs. _____

Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Donation made by: (choose one)

Check (Please make payable to Villa Madonna)

MasterCard VISA Discover

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____ / ____

Signature (required): _____ Date: _____

Please mail this form to:

Sr. Mary Rinaldi

MHCA Education Fund

659 Belmont Avenue

North Haledon, NJ 07508-2397

MHCA is accredited by the Middle States Association of Colleges and Secondary Schools. Your gift is tax-deductible according to our 501(c)(3) status.