

Endowment Form

_____ I am interested in learning more about the Holy Apostles Endowment Fund

_____ I am enclosing a gift at this time

_____ I am interested in planned giving but I have some questions or would like to find out more information.

Name: _____

Address: _____

City: _____

State: _____ Zip _____

Home Phone _____

Work Phone _____

E-Mail Address _____

Gifts in memory or honor of:
