

Crusade for Excellence Fund

**Please complete this commitment form and
return to the school office.**

Donor Name (please list your name how you would like it to appear in the Annual Report)

Street Address

City, State and Zip Code

Home Phone Number

Cell Phone Number

Email

Please check all that apply:

Current Parent

Alumnus _____
Graduation Year

Parent of Alumnus

Faculty/Staff

Friend of SMCS

Parishioner

St. Martha
Catholic School



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