

# SJSB Sustainer's Circle



**YES! I would like to join the St. Joseph's School for the Blind Sustainer's Circle**  
I understand that the minimum monthly contribution is \$10. My commitment is to make a contribution *each month* of:

\$10  \$15  \$20  \$25  \$30  \$35  \$40  \$\_\_\_\_\_ **Other/month**

I authorize SJSB to charge my monthly contribution to my credit/debit card as indicated below. I understand that charges or debits will be posted on or about the 15th of each month and that at the end of each pledge year, my pledge will be renewed automatically. I further understand that I may cancel or change my monthly pledge at any time by notifying SJSB in writing. SJSB will send Sustainers a summary statement of their calendar year donations every January for tax purposes.

**MasterCard**                       **Visa**                       **American Express**                       **Discover**

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name \_\_\_\_\_ Signature \_\_\_\_\_  
(as it appears on card)

Billing Address: \_\_\_\_\_  
(where you receive your credit/debit card statement)

- Please use my gift where it is needed most, *or*
- Please use my gift for the SJSB Building Fund

**Please help us save money and keep our mailing list up to date by filling in the information below.**

Name \_\_\_\_\_  
(as you would like it to appear in our Annual Report)  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Employer \_\_\_\_\_

Many companies have a matching gift benefit for their employees. Please check with your HR Department to see if your company has one. SJSB is happy to assist in the process of certifying our eligibility.

**Please send this form to:**

Tonya S. Hall  
Director of Development  
St. Joseph's School for the Blind  
761 Summit Avenue  
Jersey City New Jersey 07307  
Fax- 201.876.5431  
Email:development@sjsnj.org

**Together, we can help children BE ALL THEY CAN BE!!!**