



Bishop Alemany High School

Adopt-A-Warrior

Please fill out the information below and return along with cash, a check, or your credit card information.

I would like to give a donation of: (check one please)

\$25 ___ \$30 ___ \$35 ___ \$40 ___
\$50 ___ \$75 ___ \$100 ___ Other \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

In support of

Team Member: _____

Program: _____

Please make all checks payable to **Bishop Alemany High School** or if paying by Credit Card, please complete information below:

Credit Card #: _____ Exp: ____/____

CVV: _____

Name (Please Print): _____

Billing Address: _____

City/State/Zip: _____

Authorized Signature: _____

For Office Use Only:

Date Received: _____ Amount Received: _____

Method of Payment: Check #: _____ Cash: _____

Credit Card Confirmation #: _____

Constituent ID #: _____