

TCH Stadium Capital Campaign Card

Name _____

Address _____

City/State _____ Zip _____

Phone _____ Email _____

Parent Grandparent Friend Alumni/Class of _____

TCH Faculty/Staff Parishioner of _____

Other _____

I would like to be contacted regarding naming opportunities.

I would like this contribution to remain anonymous

My donation is in memory of _____

Matching Gift Opportunity

Company name _____

Company address _____

Please indicate the name in which this donation is to be recognized _____

Send this form along with your donation in an envelope to:

TCHS Stadium Capital Campaign
139 Teurlings Drive
Lafayette, LA 70501