Leave a Footprint…
St. Joseph College Chapel Restoration Donation Form

Suggested donation: $110
For: St. Joseph College Chapel Restoration
Payable to: St. Joseph College Alumnae Association, Inc.

In acknowledgment of your donation, an inscribed brick will be placed in the plaza outside the former St. Joseph College Chapel in Emmitsburg, MD.

The following notation will be etched on a plaque placed within the plaza bricks:

“In memory of all who trod these holy grounds as students of St. Joseph Academy, High School and College, and those who educated, supported, served and cared for them. May their footsteps and those of St. Joseph’s founder, St. Elizabeth Ann Seton, echo here for all time.”

☒ Enclosed is my check for $_________
☒ Please charge my MasterCard or Visa for $_________ (Suggested donation is $110)
☒ $______ A donation toward the Chapel restoration, with the understanding that a memorial brick will be placed as described below
☒ $______ A donation toward a memorial brick for________________________________________ (Please provide details, below.)
☒ $______ A donation to a fund for memorial bricks for deceased alumnae, faculty, staff, etc.

Please print clearly.
Name _____________________________________________ Street Address____________________________________________________
City/State/ZIP ______________________________________ Telephone (____)_______________ E-mail_____________________________

Please use these sample formats to select your inscription.

<table>
<thead>
<tr>
<th>College</th>
<th>High School</th>
<th>Academy (or for longer name)</th>
<th>Staff</th>
<th>Friend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Smith Jones SJC Student 1948-1952</td>
<td>Richard Smith, PhD SJHS Faculty 1952-1956</td>
<td>Lucille Andrews Wiberly SJA 1876-1894</td>
<td>Estelle Cousins Staff 1927-1947</td>
<td>Harry Steel Friend 1930-1963</td>
</tr>
</tbody>
</table>

SJC = St. Joseph College SJHS = St. Joseph College High School SJA = St. Joseph Academy

Please imprint the brick as follows: (Note: Each line is limited to a maximum of 18 characters, including spaces.)

Line 1 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Line 2 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Line 3 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

MasterCard # _________________________________ Exp__________ or Visa Card # __________________________________Exp________

Signature for credit card purchase(s) ________________________________________________________

Kindly return this form with your check or credit card information to:
St. Joseph College Alumnae Association
16300 Old Emmitsburg Road
Emmitsburg, MD 21727

Questions? Please call (301) 447–5075 or e-mail sjcaaa@msmary.edu

If you wish to gain access to the campus to view the plaza you may enter through the main gate with a photo ID, or call security at (301) 447-1111 to place your name on a list of visitors.