## PEDRO ARRUPE SOCIETY **ENROLLMENT FORM**



Name(s)			
Address			
City/State/Zip Code			
Daytime Telephone	Email _		
Date(s) of Birth			
I/we have mai in my/our est		T(S) TO ARRUPE JESUIT HIGH S	SCHOOL
	☐ Will/Living Trust	☐ Retirement Plan	
	☐ Insurance	☐ Charitable Trust	
	☐ Other		
MY/OUR GIFT I	S:		
	☐ Designated to the STAR E	ndowment	
	☐ Designated to		
	☐ Unrestricted		
FURTHER INFO	RMATION REGARDING T	HIS GIFT:	
I/WE WISH TO	BE RECOGNIZED IN THE	PEDRO ARRUPE SOCIETY AS:	
	☐ Anonymous		
Signature		Date	5
		SE RETURN TO: : JESUIT HIGH SCHOOL	

DEPARTMENT OF PHILANTHROPY 4343 UTICA STREET • DENVER, CO 80212

