



**San Gabriel Mission High School  
ELECTRONIC FUND TRANSFER (EFT)**

Name \_\_\_\_\_ Class of (if alumni) \_\_\_\_\_

Daughter's Name (if applicable) \_\_\_\_\_ Class of \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

I authorize San Gabriel Mission High School to deduct from my checking or savings account until further notice, as follows:

\$ \_\_\_\_\_ monthly (\$10 minimum)

\$ \_\_\_\_\_ quarterly (\$25 minimum)

The pledge to give will be paid as follows:

"Moolah for Mission" (Unrestricted Annual Fund gift to support operations)

Scholarship for current year

Endowment Fund (please specify): \_\_\_\_\_

Other Restriction (please specify) : \_\_\_\_\_

**Please check, as appropriate:**

My company will match my gift. I enclose my employer's matching gift form indicating the total amount of my gift.

I have enclosed a voided, unused check for identification of my bank and account numbers.

*Signature:* \_\_\_\_\_ *Date Authorized:* \_\_\_\_\_

Please return this form and all correspondences to:

San Gabriel Mission High School  
Navy Phay, Development Director  
254 S. Santa Anita Street  
San Gabriel, CA 91776  
[nphay@sgmhs.org](mailto:nphay@sgmhs.org)  
Phone: (626) 282-3181, ext. 116  
Fax: (626) 282-4209

Thank you for your contribution to education at San Gabriel Mission High School.

Celebrating 60 Years in Education!