

THE CAMPAIGN FOR: ST. ANTHONY JUNIOR – SENIOR HIGH SCHOOL PLEDGE OF SUPPORT



Caring for Tradition, Caring for the Future
ST. ANTHONY JUNIOR-SENIOR HIGH SCHOOL

Believing in the importance of establishing a new foundation for St. Anthony Junior – Senior High School and to the education for the thousands of youth who will benefit, *I/we* agree to contribute to the ***Campaign for St. Anthony Junior – Senior High School*** in the amount of:

Total Pledge Amount: \$ _____ One-Time 3-year 5-year

Payment: \$ _____ Down Payment First Payment

Balance: \$ _____

Purpose: Unrestricted Now Fund Faculty Endowment Education Endowment
Specific Endowment Fund _____

Reminders: _____ **Beginning:** _____ (month/year)
Monthly Quarterly Semi-Annually Annually

The pledge redemption period begins upon the School's receipt of this form unless the donor instructs otherwise.

Payment Method:

Check Credit Card EFT Stock/Land Transfer

For payments by means of credit card/EFT, please fill out the back of this pledge card.

Donors making payments by means other than cash, check, credit card or EFT will receive further instructions.

Recognition: Anonymous In Honor of In Memory of

Please use the following name(s) in all acknowledgments and recognition:

(Donors may be listed by name in campaign materials, on the St. Anthony School website, and other publications unless an anonymous gift is requested.)

Naming Opportunity _____

(A list of naming opportunities is available.)

Donor Information: Personal Gift Corporate Gift Foundation Gift Organization Gift

Please Print: (Preferred mailing address for correspondence)

Name(s): _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Signature: _____ Date: _____

Please make checks payable to: St. Anthony School
Memo Line: Campaign Fund



Caring for Tradition, Caring for the Future
ST. ANTHONY JUNIOR-SENIOR HIGH SCHOOL

PLEDGE PAYMENT AUTHORIZATION

CREDIT CARD PAYMENT INSTRUCTIONS

My total pledge is \$ _____.

Down payment by credit card is \$ _____.

I will be making my pledge by: Visa Mastercard

Card Number: _____ - _____ - _____ - _____

CVC (3-4 digit security code on back of card): _____

Name on Credit Card: _____

Expiration Date: _____ / _____

Charge gift of \$ _____ monthly / quarterly / semi-annually / annually (circle one)

for a total of \$ _____ beginning _____ (month)

for _____ months/ years (circle one)

Signature: _____

Date: _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION

My total pledge is \$ _____

Charge gift of \$ _____ monthly for _____ months

beginning: _____ (month and year)

Name of Bank _____

Account Number _____

– Please remember to include a voided check –

Signature: _____

Date: _____