

# St. Edward School Annual Fund Pledge Form

Yes! I/we would love to help change a life with a contribution to the 2016-2017 St. Edward School Annual Fund.

\$ \_\_\_\_\_ total pledge to be designated as follows:

\_\_\_ My/our pledge may be used for any school priority

\_\_\_ I/we would like to designate this pledge to be used as follows: \_\_\_\_\_

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_

**My/our gift commitment will be fulfilled in the following manner:**

Start date: \_\_\_/\_\_\_/\_\_\_ Frequency:  Monthly  Quarterly  Semi-Annually  Annually  Other \_\_\_\_\_

Amount enclosed: \$ \_\_\_\_\_  Cash  Check (payable to St. Edward School)  Credit Card (details below)

Visa MasterCard Discover American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_ CCV #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

I authorize St. Edward School to automatically process payments to my credit card according to the terms outlined above.

\_\_\_ **For gift recognition purposes, please list my/our name(s) as indicated:**

\_\_\_\_\_

\_\_\_ **I/we wish to remain anonymous**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*You will receive receipts for the tax deductible portion of your payments.*

Send to: St. Edward School · 433 Cottage Street · Ashland, OH 44805

Questions: 419-289-7456

*Thank you for helping to change lives!*

