

PLEDGE FORM

St. Edward: Completing the Vision, Building Our Future

Donor Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone	
E-Mail	

Pledge Information

I (we) pledge a total of \$ _____ to be paid:

___ now ___ monthly ___ quarterly ___ yearly ___ other: _____

I (we) will make payments over:

___ 1 year ___ 2 years ___ 3 years ___ other: _____

Gift will be matched by _____ (company/family/foundation).

___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Signature(s) _____ Date _____

Please make checks payable to:

St. Edward Building Fund

501 Cottage Street
Ashland, OH 44805
(419) 289-7224

FOR OFFICE USE ONLY			
ID _____	Date _____		
Received \$ _____	Ck _____	Cash _____	Initials _____

THANK YOU!