



I/WE PLEDGE TO OUR 3-YEAR CAMPAIGN
Please consider an initial payment of 10%.

\$ _____ Total Gift/Pledge

\$ _____ Payment Enclosed

\$ _____ Balance Remaining

Payments will be \$ _____ beginning _____ / _____
Month Year

SCHEDULE OF DONATIONS/REMINDERS:

Monthly Quarterly Semi-Annually Annually

Affiliation: Parent Alum Grandparent Friend

Signature (*type name*): _____ Date: _____

Email: _____ Phone: _____

Campaign donations are tax-deductible contributions.

Please complete information below.

METHOD OF PAYMENT

Check (*Please make checks payable to Montgomery Catholic Preparatory School and indicate capital campaign on memo line.*)

Automatic Bank Withdrawal
Please attach a voided check. Transactions occur on the 10th of each month.

Credit Card/Debit Card
(Visit MontgomeryCatholic.org and click GIVE NOW.)

Mutual Funds/Stocks*

Life Insurance*

Other*

My gift will be matched by my employer.

Name of Company/Employer _____

I wish my gift to remain anonymous

**A Montgomery Catholic School representative will contact you.*



DONOR INFORMATION

Name _____

Address _____

City _____

State _____ Zip _____

Notes
