

YES, I/WE WANT TO SUPPORT FRASSATI CATHOLIC

To continue building Frassati Catholic High School, we pledge/make this gift to Phase 1B of the Campaign:

Total Gift Amount \$ _____

Initial Payment \$ _____

Balance \$ _____

The remaining balance will be payable in installments of _____ over the next years (no longer than five [5] years)* beginning _____, 20____, on the following schedule (check one): Annually Semiannually Quarterly Monthly Other

**Note: All pledges of \$5000 or less are payable over a three-year period.*

Please automatically deduct from my credit/debit card:

American Express Discover MasterCard Visa

Name on the card: _____

Credit card number: _____ Expiration Date: _____

Signature for credit card authorization: _____

Gifts of Stock: Contact the Frassati Catholic High School Office for stock gift form.

Matching Gifts: If you are employed by a matching gift company, please acquire the necessary forms.

Donor Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Cell: _____ Parish: _____

Company: _____

Signature: _____ Date: _____

Please list my (our) name(s) in all Campaign reports as follows:

I wish to remain anonymous

Gifts are tax deductible to the fullest extent allowed by law. Unless otherwise noted above by donor, funds from this pledge will be used at the sole discretion of the Frassati Catholic High School Board of Trustees.

Please make checks payable to Frassati Catholic High School.

Thank you for your generous support.