

SAINT LOUIS SCHOOL

"CRUSADE FOR OPPORTUNITY" CAPITAL CAMPAIGN

PLEDGE AND PAYMENT FORM

Donor Name (Company or Individual) : _____

Address: _____ *Print* *Class Of*

Home Phone: _____ Business Phone: _____ *City, State, Zip*

E-mail _____

E-mail _____

GIFT INSTRUCTIONS

Please complete as follows:

1. I make a commitment of \$_____. To be paid by check and enclosed.
Please make checks payable to Saint Louis School and indicate the SLS Capital Campaign on the memo line.
2. My full contribution of \$_____ to be paid by Credit Card.

Please charge Credit Card.

Mastercard Visa AMEX CC Number: _____

Name on Card: _____ Expiration: _____

Signature: _____ Date: _____

3. I pledge \$_____ beginning _____ (month/year)

My pledge will be paid over: 1 year 2 years 3 years 4 years 5 years

On the following schedule: Annually Semi-annually Quarterly Monthly

My contribution and/or pledge herein is intended to be a call for a matching gift as per the priorities of the "Crusade for Opportunity" Capital Campaign. I understand that the Development Office may contact me to complete additional documentation as required by the designated matching gift.

(If donor knows which matching gift to designate, please indicate here: _____)

GIFT ACKNOWLEDGEMENT

Please acknowledge my gift in donor recognition and print publications as follows: _____

Please check here if you do not wish to have your gift published in our listings

Send all contributions with this form to:

**Saint Louis School
Development Office
3142 Waiialae Avenue
Honolulu, HI 96816-1579**

Questions? Call 808-739-4862