

ACADEMY



Capital Campaign

I/We commit to
the Academy 150
Capital Campaign

Pledge:

Matching Contribu-
tion: *(if applicable)*

Total Gift:

Name _____ Maiden (if alumna) _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Class Year _____

I/We prefer: One-time Payment/Initial Payment

Balance Payment over the next three years as follows:

Monthly Quarterly Semi-Annually Annually

I/We will make our first payment on (month/year) _____

Payment Options:

Check/Cash (Please make checks payable to St. Teresa's Academy)

Please charge my credit card:

Visa Master Card Amex Discover

Name on Card _____ Expiration date (mm/yy) _____

Card number _____ CSC (three digit security code) _____

Signature _____ Date _____

My employer (spouse's employer) matches gifts. Employer _____

Please contact me about Estate Planning.

MAKE YOUR PLEDGE **ONLINE.**

STERESASACADEMY.ORG/CAPITALCAMPAIGN

Or complete this pledge card and return it in the enclosed envelope.