



**PLEDGE/GIFT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**GIFT:**

- Enclosed is my/our check payable to **ST. MARGARET'S EPISCOPAL SCHOOL** in the amount of \$\_\_\_\_\_.
- This gift is the first installment for my pledge (please see information below).
- Please charge this \$\_\_\_\_\_ gift to my/our credit card (an authorized signature is required at the end of this form):

MasterCard  VISA  American Express

\_\_\_\_\_  
(Name of cardholder)

\_\_\_\_\_  
(Card number)

\_\_\_\_\_  
(Exp. Date  
MM/YY)

**PLEDGE** (check or credit card pledges only. Please see below for payroll deduction):

- I/we hereby pledge \$\_\_\_\_\_.

I/we plan to make payments on this pledge:

- monthly  quarterly  semi-annually  annually for \_\_\_\_\_ payments

of \$\_\_\_\_\_ each, with the first payment due on \_\_\_\_\_.  
(date)

- Please charge the credit card above for each payment on the due date (*no reminder will be mailed*).

**MATCHING GIFT**

- My/our gift may be increased with corporate matching gift funds from:

**RECOGNITION**

I/we would like to be listed as follows for recognition purposes (*please print clearly*):

- I/we wish to remain anonymous.

**THANK YOU FOR YOUR SUPPORT. YOUR GIFT MAKES A DIFFERENCE!**

*For proper crediting of your gift, please return this form to the advancement office in the envelope provided.  
For questions, please contact your Class Captain or the advancement office at ext. 353.*