

Saint John Catholic School Annual Angel Fund Pledge Card

Please complete both sides & return even if you are unable to make a financial commitment



Donor Name(s): _____
 Mailing address: _____
 City, State, Zip code: _____
 Telephone (home): _____ (business): _____
 E-Mail: _____ Fax: _____
 Student's Name: _____ Class Year: _____
 Relationships to school (check all that apply)
 Faculty/Staff School Board Parent Grandparent Alumni
 Parishioner Business Friend Parent of Alumni _____

I (we) pledge a total of \$5,000 \$2,000 \$1,000 \$500 \$300 \$100 \$50
 Other amount \$ _____

Please enclose cash or a check payable to **Saint John Catholic School**, or provide credit card information on this card. You may also contact the school office with credit card information if you prefer.

Yes, I (we) still care about the future of Saint John Catholic School and will pray for the school community. However, I am unable to make a financial commitment at this time.

Acknowledgements:

I (we) wish to remain anonymous *or*
 Please acknowledge my donation (check one) in honor of in memory of

Acknowledgement Name(s): _____

Credit card type:		<i>We accept Visa, MasterCard and Discover</i>	
Credit card number:		Expiration date:	
Signature:		Today's Date:	

For more information, please give us a call or check out our web site:

www.saintjohncatholicsc.org * 3921 St. John's Avenue, North Charleston, SC 29405

Telephone: 843.744.3901 Fax: 843.744.3689

* All contributions are tax deductible in the calendar year they are made, per IRS regulations. Contributions received after June 30th will be credited to the following academic year's Saint John Catholic School Annual Angel Fund Campaign.

* Please consider stock donations and / or remembering Saint John Catholic School in your will.

* My gift will be matched by _____ (company/family/foundation).

form enclosed form will be forwarded