ANNUAL FUND PLEDGE CARD

Yes! I want to support the Saint Rose Fund

_____
Name

_____
Address

_____
City, State, Zip

_____
Email

_____
Phone

_____ **I would like to make a pledge to the 2014-2015 Semi-Annual Fund in the amount of $_____**
You will receive a monthly pledge reminder, as your will be divided over 6 months. (January 2015-June 2015) please send by _____mail or _____email.

_____ **I would like to make a one-time unrestricted gift to the Semi-Annual Fund in the amount of $_____**

_____ **I would like my donation to remain anonymous**

PAYMENT DETAILS

____ **CHECK** ____ **VISA** ____ **MASTER CARD**
(Payable to Saint Rose School)

_ _ _ _ -_ _ _ _ -_ _ _ _ - _ _ _ _
Credit Card Number (your card will be charged over 6 months from January-June)

_____ _____
Expiration Date CVC# (3 digit #on back of card)

_____
Signature

MATCHING GIFT DETAILS

____ **Yes! I am enclosing a matching gift from my employer:**
_____

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