

**Courage to Commit: A Comprehensive Campaign in Support of St. Marcus School
Pledge Form**

Please keep the yellow copy of this pledge form for your records.

Last Name: _____ First Name: _____

Spouse Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone # (Cell): _____ (Home): _____ (Business): _____

Preferred Email: _____ Spouse Email: _____

Circle your preferred method of contact: *Cell* *Home Phone* *Business Phone* *Email*

I/we pledge a total of \$ _____ to be designated as follows:

Annual giving (Operating): \$ _____ over _____ # of years.

Payment schedule: _____ Monthly _____ Quarterly _____ Yearly **via:** _____ check _____ credit card _____ stock transfer

Approximate date(s) of payment (please provide month & year) _____

North Campus expansion and other capital needs (Capital): \$ _____ over _____ # of years.

Payment schedule: _____ Monthly _____ Quarterly _____ Yearly **via:** _____ check _____ credit card _____ stock transfer

Approximate date(s) of payment (please provide month & year) _____

Endowment \$ _____ over _____ # of years.

Payment schedule: _____ Monthly _____ Quarterly _____ Yearly **via:** _____ check _____ credit card _____ stock transfer

Approximate date(s) of payment (please provide month & year) _____

_____ Please charge all of my/our pledge payments to a credit card.
(We will contact you to gather this information)

Gift will be matched by _____ (Company / Friend / Family / Foundation)

_____ form enclosed _____ form will be mailed to St. Marcus School

Name(s) to be used for all gift recognition:

_____ I/We wish to remain anonymous.

_____ I/We are interested in making a planned gift. (A staff member will follow up with you to discuss this gift)

Signature(s)

Date

Please make checks, corporate matches and other gifts payable to:
St. Marcus School
Attention: Office of Mission Advancement
2215 N. Palmer Street, Milwaukee, WI 53212
www.stmarcus.org

