



2016-2017 Annual Giving Commitment Form

Please review the following and make any corrections to your contact information before returning to the UA Advancement Office. Call 314-984-2863 with any questions.

DONOR INFORMATION

Formal Name:

Salutation:

Address:

City:

Home Phone:

State: Missouri

Primary Email:

Zip: 63021

Class Year (if alumna):

COMMITMENT STATEMENT

We/I commit or pledge to support of the 2016–2017 Ursuline Fund in the amount of \$ _____.

We/I wish for my name to remain anonymous.

My employer has a matching gift program. Company name: _____
Please forward the necessary paperwork to Ursuline Academy.

Signature: _____ Date: _____

We/I understand this pledge is made in good faith but is not legally binding should we/I encounter unforeseen circumstances.

Your gift is tax deductible as provided by law. We ask that gifts are received by June 15, 2017.

PAYMENT OPTIONS

Pledge Check Enclosed Online Donation made on _____

Charge my gift to : VISA MasterCard Discover

Account # _____ Exp. Date _____

Gift will be made in the form of securities. Please contact Jennie Picha at 314-984-2814 to fulfill process.

Recurring Gift Schedule:

In the amount of \$ _____ per payment for _____ installments in total starting on _____

Semi-Annually Quarterly Monthly Annual

Check Credit Card (\$10 minimum; please complete the above credit card information)