



2017-2018 Parent 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.

PARENT INFORMATION

Formal Name:

Salutation:

Address:

City:

Phone:

State:

Primary Email:

Zip:

Oldest student's class year:

COMMITMENT STATEMENT

We/I commit or pledge to support of the 2017–2018 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, 2018**.*

PAYMENT OPTIONS

Pledge

Check Enclosed

www.ursulinesl.org/giving

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 Lisa Zobel at 314-984-2819 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)