



Saint Mary School German Village

Guardian Angel Fund
2017-2018 Pledge Form

I/we would like to support Saint Mary School Guardian Angel Fund for 2017-2018 academic year by making a gift/pledge of \$ _____ at the following donor level:

(Check a Giving Level)

- LITTLE RAMS (\$25+)
- FRIEND of SAINT MARY SCHOOL (\$75+)
- BRIDGE THE GAP (\$150+)
- RAM SUPPORTER (\$250+)
- LEGACY (\$500+)
- BLUE & GOLD CHAMPION (\$1,000+)
- BENEFACTOR (\$1,500+)
- ALUMNI PARTNER (\$3,000+)
- PRIDE OF THE PRINCIPAL (\$5,000+)
- PASTOR SPONSOR (\$10,000+)

I/we wish to be listed on the Donor Honor Roll program as: _____

I/we would like this gift to remain **anonymous**.

This gift is in honor/memory of: _____
(circle one)

NAME _____ EMAIL _____

ADDRESS _____

CITY/STATE/ZIP DAY PHONE _____

PHONE _____

SOCIAL MEDIA _____

(CHECK ALL THAT APPLY)

- I plan to give through a donor advised fund or foundation. I understand that I cannot accept tangible benefits.
- My gift is being matched by my employer: _____
- Please send me information on how to include Saint Mary School in my estate plans.
- Saint Mary School is already in my estate plans. Please send me information on attending periodic planned giving events.

This is my/our **One-Time** gift to the 2017-2018 Guardian Angel Fund

- Form of payment: Check (Please make checks payable to: Saint Mary School)
- Credit Card (see credit card registration below)
- VISA MasterCard AMEX
- Donor Advised Fund name: _____
- Stock gift name: _____

This is my/our **Monthly** gift to the 2017-2018 Guardian Angel Fund

- Total pledge amount: \$ _____
- Redeemed at: \$ _____ x _____ months
- Preferred months: _____ / _____ / _____ / _____ / _____ / _____ / _____
- Form of payment Credit Card
- VISA MasterCard AMEX

Payment on all recurring/monthly pledges should be completed no later than May 1, 2018

**Does Your
Employer Match
Gifts?**

DOUBLE OR EVEN TRIPLE
YOUR GIFT. JUST REQUEST
A MATCHING GIFT FORM
FROM YOUR HR/BENEFITS
DEPARTMENT, COMPLETE
THE FORM, AND SEND IT
WITH YOUR GIFT!

CARD NUMBER _____ EXP. DATE _____ 3 DIGIT SECURITY CODE _____

SIGNATURE _____ DATE _____

Please return the completed form to:

Guardian Angel Fund
Saint Mary School
700 South Third Street
Columbus, OH 43206
Or by FAX: (614)449-2853

Questions?

Email us at: Givetosaintmary@cducation.org