
I wish to make a gift amount to the Annual Fund Name _____
(tax deductible)
Amount ___\$1000 ___\$100 Address _____
___\$500 ___\$ 50 City/State/Zip _____
___\$ 250 other \$___

How should your name appear in our Annual Report?

Pledges due by April 30

_____ or Anonymous

___ I will pray for St. Mary-St. Augustine School

Please indicate ___ Parent of present SMSA student
___ Parishioner ___ Faculty/Staff/Board ___ Alumni
___ Grandparent of present SMSA student ___ Other

___ St. Augustine Class of ___; (name) _____
___ St. Mary Class of ___;(name) _____

In memory of _____

Make all check payable to St. Mary – St. Augustine School

Please Check with your employer for a Matching Gift Program. You can double or triple your gift!

(over)

Please list any change to contact information (Parent or Alumni)

Name **Email**

Address **Phone**

Name **Email**

Address **Phone**

Name **Email**

Address **Phone**

Name **Email**

Address **Phone**

___ **PLEASE TAKE US OFF THE MAILING LIST** _____
Name

(over)