

ST. IGNATIUS OF LOYOLA

Donor Information Name: _____ City, State ZIP: Phone #1: (______) _____ ☐ Mobile ☐ Work ☐ Home Email #2: *Preferred method of pledge communications:* ☐ Phone ☐ Email Payment Details I/We intend to pay the balance as follows: ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually -OR- □ A one-time gift (*payment in full*) Method of Payment ☐ Cash/Check (make payable to **St. Louis Catholic High School**) ☐ Credit Card (donate online at slchs.org) ☐ I will cover the 3% credit card processing fee. ☐ Stock/Investments ☐ IRA Distribution ☐ Life Insurance ☐ Donor Advised Fund/Foundation □ Other: ___ Signature _____

Please mail all checks to: St. Louis Catholic High School Attn: Capital Campaign 1620 Bank Street Lake Charles, LA 70605

Date _____

Campaign	Pledge
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Total Gift Amount: _____ **Initial Payment** Amount _____ Payable Date _____ Pledge Balance Payment Plan Amount _____ Date ____ Amount _____ Date ____ ☐ I'd like to do more! Extend my pledge: \$ ______/year for ____ additional years

Please print your name as you would like it to appear in any campaign recognition materials:

- ☐ I/We would like our gift to remain anonymous.
- ☐ My gift is in honor/in memory (*circle one*) of

Increasing My Support

- ☐ Please add \$ ______ to my pledge to support the annual fund of St. Louis Catholic High School.
- ☐ My employer, _ will match my gift.
- ☐ I would like to discuss a planned gift to St. Louis Catholic High School.
- ☐ I am interested in _____ naming opportunity.

