

ENDOWMENT Donation / Pledge Form

Name(s): _____ Class year: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

E-Mail: _____

Gift (or) Pledge (check one), to the following endowed fund: CLASS OF 1967 SCHOLARSHIP

My/our total pledge is: \$ _____ over _____ # years

This pledge will be fulfilled with _____ # of payments of \$ _____ (individual pledge payment amounts)

beginning on _____ (date), with the following frequency:

Annually Semi-Annually Quarterly Monthly Other _____

Payment Method:

This gift/pledge will be paid using the following method of payment:

- Check enclosed
- Please send reminders for future payment amounts
- Charge my credit card today (or) at the frequency indicated using: Visa Mastercard American Express

Account #: _____ Exp. Date: _____

Signature: _____ Date: _____

Please indicate the following:

- Please list my/our name(s) in donor listings as: _____
- I/we wish this gift to remain anonymous.
- My employer, _____, will match my/our gifts.
I/we will obtain and submit the required forms to you.

Planned Gifts:

- Please send me information about making a bequest to the school
- Ask someone from the school to contact me.
- I have already planned for a future gift to the school

Signature Date

Signature Date

Please complete and sign this form and return it to: St. Joe's, 845 Kenmore Ave., Buffalo, NY 14223

For questions, please contact Scott Burns, V.P. of Institutional Advancement at 716-270-4115 or sburns@sjci.com