



2010-2011 Annual Giving Fund

**Our 2009 - 2010 Annual Giving Fund goal is \$100,000 and 100% parent participation.
Please help us reach our 100% parent participation AND our monetary goals!**

Donor Information	
Name(s) of Donor(s): _____	
Address: _____	
Child(ren)'s Name(s) _____	
& Grade Level (s): _____	
Optional: <input type="checkbox"/> Honorarium <input type="checkbox"/> Memorium	
Honoree Name(s): _____	Memorial Name(s): _____
Address: _____	Address: _____

Pledge Information	Payment Method
Pledge / Donation. (Please Check One).	All gifts are fully tax-deductible in the calendar year they are received
<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$_____ Other	<input type="checkbox"/> Enclosed is my gift of \$_____ (Make checks payable to SBA) <input type="checkbox"/> Bill me in 4 equal payments (Nov, Jan, March, June) <input type="checkbox"/> Bill me in 1 payment on this date: _____ <input type="checkbox"/> Bill me in 2 payments on these dates: _____ & _____
Please check one: <input checked="" type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Friend <input type="checkbox"/> Alumni High School Class of: _____ Grade School Class of: _____	<input type="checkbox"/> Bill me by invoice, to the address listed above. <input type="checkbox"/> Bill me by credit/debit card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card #: _____ Exp Date: _____ Billing Zip Code: _____
THANK YOU!	<input type="checkbox"/> My company will match my gift. Please attach or email to ewilson@stbernard.org your employer's Charitable Giving Match Form and we'll take care of the rest.

Every gift to the SBA Annual Giving Fund makes a difference!