

A Century of Excellence; A Future of Promise Pledge Card

Name(s) _____

Total Gift \$ _____

Address _____

Initial payment \$ _____

City/State/Zip _____

Balance \$ _____

Phone(s) _____

Payments begin ____/____/____

Email(s) _____

I (we) wish to pay the three-year pledge (circle one): annually semi-annually quarterly monthly semi-monthly weekly

Please make checks payable to "Holy Family School" and write "Capital Campaign" in the memo.

☐ Please contact me about a non-cash gift. ☐ Please contact me about gift opportunities. ☐ Please contact me about a legacy gift.

☐ Please contact me about electronic giving.

Other special instructions:

I (we) understand that this pledge is not legally binding, but will do my (our) best to fulfill this commitment.

Signature(s)

_____/_____/_____
Date

TOTAL GIFT	(10%) INITIAL INVESTMENT	MONTHLY
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\$25,000	\$2,500	\$625
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\$20,000	\$2,000	\$500
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\$15,000	\$1,500	\$375
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\$10,000	\$1,000	\$250
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\$5,000	\$500	\$125
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\$4,000	\$400	\$100
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\$3,000	\$300	\$75
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DAILY

WEEKLY

\$4.11

\$28.85

\$3.29

\$23.08

\$2.47

\$17.31

www.holyfamilyalbany.org

