ONE.TOGETHER.The Campaign for St. Michael's



STATEMENT OF COMMITMENT

I/We wish to make a pledge to ONE.TOGETHER. The Campaign for St. Michael's. I/We understand that my/our campaign pledge may be paid over a period of up to three years. I/We intend to honor my/our commitment to St. Michael's Episcopal School as follows:

DONOR INFORMATION

| PLEDGE CARD | Donor Name(s) |
|--|---|
| | Address |
| | City State Zip |
| | Home Phone Cell Phone |
| | Email(s) |
| | |
| | PLEDGE INFORMATION |
| | I/We pledge a total of \$ to ONE.TOGETHER . |
| | Amount enclosed: \$ Remainder pledged: \$ |
| | I/We wish to fulfill our commitment in: \bigcirc I \bigcirc 2 \bigcirc 3 year(s). |
| | CONTRIBUTION FORM |
| | I/We plan to contribute in the form of: Cash Check Securities.* |
| | *For stock transfers, please contact Mary King Coleman, 804.272.3514, mkcoleman@stmschool.net. |
| | Please bill me/us beginning (date) and thereafter Quarterly Yearly. Please charge my/our: Visa MasterCard Discover Card |
| | Card Name: |
| | Card Number: Expires: CCV |
| | My/Our gift will be matched by: |
| | Matching Gift Form enclosed. Matching Gift Form will be forwarded to St M. |
| | |
| | DONOR RECOGNITION |
| St. Michael's Episcopal School 8706 Quaker Lane Richmond, Virginia 23235 804.272.3514 | Please use the following name(s) in all acknowledgements: |
| Mary King Coleman | I/We wish to have my/our gift remain anonymous. |
| Development Director mkcoleman@stmschool.net | I/We wish to recognize my/our gift in honor of: |
| | AUTHORIZATION |
| | |
| | Signature(s) Date |
| | Date |
| | St. Michael's Episcopal School is a 501(c)(3) organization, EIN# 20-5038516. All gifts are tax-deductible |

according to Internal Revenue Service regulations. Please make checks, corporate matches or other gifts payable to: St. Michael's Episcopal School. For more information, please contact Mary King Coleman at 804.272.3514 or mkcoleman@stmschool.net.

