



YES, I BELIEVE

(Please print)

Check all affiliations that apply:

- Alumni Class of _____ Current Parent Graduate Parent
 Grandparent Friend Faculty/Staff Parishioner

Name: _____

Address: _____

City, State Zip: _____

Phone: _____ Email: _____

Here is my/our gift to Saint Louis School:

- \$ _____ \$100 \$250 \$500 \$1000

My/our pledge of \$ _____ will be paid in:

One installment in _____ (month)

Two installments (Dec, Apr)

Three Installments (Dec, Feb, Apr)

My employer and/or my spouse's employer will match my gift.

Please make checks payable to St. Louis School

Your gift is tax deductible to the extent allowable by law.

Please visit our website at www.stlouisparish.org/school/appeal for annual fund information.