



**ONE HEART ONE VISION:
THE CAMPAIGN FOR SACRED HEART
Pledge Form**

Date: _____

Name of Donor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-Mail: _____

Yes, I/we wish to support *One Heart, One Vision* Campaign for Sacred Heart with the following commitment:

Total Amount Pledged: \$ _____

Initial Payment Provided with this Form: \$ _____

Balance Payable: \$ _____

Pledge will be fulfilled over a period of _____ years.

All gifts and pledges must be fulfilled over a five-year period unless alternative plans have been made with the Sacred Heart Office of Institutional Advancement.

Please send reminder notices for the future payments on the balance:

___ ANNUALLY ___ SEMI-ANNUALLY ___ QUARTERLY ___ MONTHLY

Beginning: _____ (date).

Send reminders via:

___ E-MAIL ___ PHONE ___ PAPER

I / we wish this gift to remain anonymous (check one): Yes No

You may use my name in School / Campaign publications (check one): Yes No

I am / we are eligible for employer matching funds and wish to secure gift credit for matching contributions from that source (check one): Yes No

Print Name(s): _____
(as you would prefer to be listed in campaign publications and for donor recognition)

Signature _____ Title _____ Date _____

All pledges and gifts to the *One Heart, One Vision* Campaign for Sacred Heart are tax-deductible to the fullest extent of the law. All gifts will be acknowledged in writing.

Please make checks payable to Country Day School of the Sacred Heart.