



**2014 – 2015
ANNUAL FUND PLEDGE FORM**

Contributions to the Holy Rosary School Annual Fund directly support the greatest needs at our school by helping us bridge the gap between tuition charged and the actual cost to educate each student. Your gifts help keep tuition affordable for all families, compensate our faculty and staff at a just and equitable salary, and continuously improve the learning opportunities for our students.

Please help us achieve 100% participation from all of our school families.

The Holy Rosary Annual Fund runs on a fiscal calendar and will be applied from July 1, 2014 through June 30, 2015. *Contributions to the Annual Fund are 100% tax deductible.*

Parent Name(s) _____ Parish Envelope # _____

I will support the Holy Rosary School Annual Fund at the following level:

- | | |
|---|--|
| <input type="checkbox"/> Founders Circle, \$5,000 or more | <input type="checkbox"/> Leaders Circle, \$2,500 – \$4,999 |
| <input type="checkbox"/> Gators Circle, \$1,000 – \$2,499 | <input type="checkbox"/> Benefactors Circle, \$500 – \$999 |
| <input type="checkbox"/> Donors Circle, \$250 – \$499 | <input type="checkbox"/> Patrons Circle, Gifts up to \$249 |

I will pledge \$_____ for the 2014-2015 Annual Fund.

My contributions will be made in:

- ☐ 12 monthly donations of _____
- ☐ 1 Yearly donation of _____ in the month of _____
- ☐ 2 semi-annual donations of _____ in the months of July & December
- ☐ 4 quarterly donations of _____ in the months of July, October, December and April

Please check one of the boxes below:

- ☐ I will sign into the online payments* system and set up my payments
- ☐ I will send checks to Holy Rosary School on the above specified month(s)
- ☐ Payment enclosed: Check # _____ Amount \$ _____
- ☐ We are unable to participate at this time but understand we will be contacted again at a later date

***To access the portal for online payments, go to the Holy Rosary school website www.holyrosaryws.org; then click on the “Online Payments” icon on the home page.**

Matching Gifts: My employer _____ will match this gift.

***Please submit your matching request with your employer first. Your employer will provide you with the necessary documentation to submit to Holy Rosary.

- ☐ A copy of the matching gift form is included.