

## Centennial Campaign Letter of Intent

In support of Holy Rosary, recognizing the need to strengthen the legacy of our church and school, I am pleased to make a sacrificial commitment to the **Centennial Campaign**. Total Pledge Amount: \$\_\_\_\_\_

Please consider an initial gift of 10% of your total pledge.

Initial Gift \$\_\_\_\_\_

Date of Initial Gift \_\_\_\_\_

Contribution Type:

- □ We wish to contribute by **check**. Please make your check payable to <u>*Holy Rosary*</u>.
- □ We wish to contribute by using our **credit card**. Please use the credit card/stock gift information form.
- □ We wish to contribute **securities**. Please see the credit card/stock gift information form.
- □ We wish to make a contribution through a **planned estate gift**. Please contact us to discuss the details.

We would like to make the remaining payments on our pledge in the following manner:

□ Annually for five years (*payments in* \_\_\_\_\_\_ of each year)

Geri-annually for five years (payments in June and December) or

Quarterly for five years (payments in March, June, September and December) or \_\_\_\_\_

□ Monthly for five years (Beginning \_\_\_\_\_)

□ Other:\_\_\_\_\_

Amount of each payment: \$\_\_\_\_\_

Signature(s) \_\_\_\_\_

Please print your names as you would like them to appear on any campaign recognition or publication.

Other instructions or information regarding our gift:

## **CREDIT CARD OPTION**

			Teleph	one
Address				
City		State		Zip
CREDIT/DEBIT CARD AUT	<b>THORIZATION</b>			
Card type	Card Number			Expiration Date
Total Pledge \$	Initial Payment \$		to be charged on	(month) 1 <sup>st</sup> or 15 <sup>th</sup> $(year)$
Subsequent Payments of \$		_ annually	semi-annually	quarterlymonthly
I hereby authorize Holy Rosar Centennial Campaign.	y to charge my credit card	l account and	l have the funds depo	sited to benefit the Holy Rosary
Signature			Date _	
	HOW TO DONAT			
<u>Contact Kamila Kennedy a</u>	<u>t Holy Rosary School (20</u>	<u>(6) 937-7255 (</u>	X223 to notify us of y	our intended gift.
Contact your Broker to infe to present them to release y	<i>j</i> 1	t. They will b	e able to help direct y	ou on the paper work that you ne
Fax a copy of this form to I	Holy Rosary School, AT	ſN: Kamila ŀ	Kennedy, Fax # 206-9	37- 7255.
onors' Name		Phon	e	
				Fax
				Fax State Zip
ddress				
ddress Ponating:		City Company Na	me	State Zip Approx. Value (if known)
ddress oonating: Number of Shares oonor's Broker's Firm		City Company Na	me	State Zip Approx. Value (if known)
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ddress Oonating: Number of Shares Oonor's Broker's Firm ccount Executive foly Rosary has accounts with ccounts. Broker		City Company Na	me Phone ccount is separate fro	StateZip Approx. Value (if known) 

All accounts are under the name of: Holy Rosary Church tax ID # is 91-0567736. Tax Exempt ID # is 91-0567736.