



2018-2019 Annual Giving Program Pledge Card

Family Last Name: _____
 Name as you would like it to appear in the Annual Report (i.e. Smith Family, John and Jane Smith, Jane Smith, Anonymous,): _____
 Email: _____
 Student Name: _____ Grade: _____ Teacher: _____
 Student Name: _____ Grade: _____ Teacher: _____
 Student Name: _____ Grade: _____ Teacher: _____

Suggested Family Donation		
One Student Family	Two Student Family	Three Student Family
\$100/month or \$1,200 one-time donation	\$200/month or \$2,400 one-time donation	\$300/month or \$3,600 one-time donation

Donation information completed on sibling's pledge card. Sibling's Name: _____
 Currently contributing monthly to the Annual Giving Program. Please continue.
 Last four digits of Credit Card _____ Exp Date _____
 Donating a recurring monthly pledge of \$ _____ or a one-time donation of \$ _____ online at www.csmhfoundation.org
 Check # _____ payable to CSMH Foundation in the amount of \$ _____ is attached.
 Paid \$ _____ via PayPal to mroensch@csmh.org (please reference "Annual Giving Program" under notes)
 Charge a one-time pledge of \$ _____ to the credit card number below.
 Charge a monthly recurring pledge of \$ _____ to the credit card number below.

Name on Card: _____ Zip Code _____
 Billing Address: _____
 Credit Card Number: _____ Expiration Date _____
 Cardholder signature _____ Date _____

We cannot donate at this time but will look for other ways to contribute.

TO DOUBLE YOUR IMPACT, PLEASE CHECK TO SEE IF YOUR EMPLOYER OFFERS A DONATION MATCHING PROGRAM.