



MERCY HIGH SCHOOL

2750 Adeline Drive
Burlingame, CA 94010

MERCY ANNUAL FUND PARENT PLEDGE RENEWAL

Questions: Beverly Cruz// 650-762-1168// bcruz@mercyhsb.com

- Class of 2020
 Class of 2021
 Class of 2022
 Class of 2023

Name of Parent/Guardian (please print first/last name) _____

Student Last Name _____ Student First Name _____ Other Siblings at Mercy _____

Email _____

Address _____

City _____ State _____ Zip _____ Primary Phone _____

Office Use Only
Student ID Account Number

Giving Levels

- Catherine McAuley Society: Gifts of \$50,000 or more
 Mother Baptist Russell Society (\$25,000 - \$49,999)
 The Oaks Society (\$10,000 - \$24,999)
 1931 Society (\$5,000 - \$9,999)
 Blue & White Society (\$2,500 - \$4,999)
 Head of School's Circle (\$1,500 - \$2,499)
 Friends of Mercy (\$100 - \$1,499)

We are looking for 100% participation - your gift of any amount will make an impact!

My Mercy Fund Parent Pledge for 2019 - 2020 will be: _____ (all pledges to be paid by June 30, 2020).

Matching Gift Company name: _____

*A matching gift is an easy way to double or triple your donation at no extra cost to you.
Please consult with your employer's human resources representative to obtain the correct paperwork.*

PAYMENT OPTIONS (please check only one)

- Check Enclosed
 Direct Debit Payment
 Credit Card
 Pay online at (www.mercyhsb.com)
 Stock Transfer Please call the Advancement Office
- Please charge \$ _____ per month (on the 5th of each month) *Monthly payments range from 2-10 months ending in May of the current school year.*
- Please charge \$ _____ Semi-annually (July 5th, and January 5th).
- Please charge \$ _____ as a one-time credit annual installment to fulfill my pledge.

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT PLAN (ACH Debits)

Bank Name: _____ Checking Account Savings Account

Routing Number: _____ Account Number: _____

MASTERCARD/VISA AUTHORIZATION

Please charge my credit card today. *(If left unchecked, your account will be charged on the 5th.)*

Name on Card _____ VISA MasterCard

Card Number _____ Exp. Date _____ CVV# _____
Security Code on back

Your contribution is tax deductible to the maximum amount allowed by law. Our tax ID Number is 94-1230999

Signature: _____

(This signature commits to the specified pledge and authorized form of payment)