



## SAINT THOMAS ACADEMY

Honoring Our History, Building Our Future • A Campaign for Saint Thomas Academy Pledge Agreement

I/We, \_\_\_\_\_, are delighted to make a total pledge of \$ \_\_\_\_\_ as a donation to Saint Thomas Academy. This letter documents our financial commitment and serves as the formal statement of intent to provide this gift to Saint Thomas Academy (STA). We recognize STA as a not-for-profit 501(c)3 institution.

For charitable income tax purposes, we have made note of STA's tax identification number: 41-6045110.

### Gift Designation (choose all that apply):

- ☐ **Unrestricted Campaign Gift** of \$ \_\_\_\_\_, pledged over # \_\_\_\_\_ years. To provide STA with the greatest flexibility, a portion of this gift potentially may be used for expenses related to managing the campaign.
- ☐ **Restricted Campaign Gift** of \$ \_\_\_\_\_, pledged over # \_\_\_\_\_ years, to be used for the following:

### Campaign Pledge Payment Schedule and Details (choose all that apply; Saint Thomas Academy will send reminders in accordance with payment schedules; please make checks payable to Saint Thomas Academy):

- ☐ I/We have enclosed an **initial pledge payment** of \$ \_\_\_\_\_ with this agreement.  
Remaining Pledge Balance: \$ \_\_\_\_\_
- ☐ The **first Campaign pledge payment** of \$ \_\_\_\_\_ will be paid on (date) \_\_\_\_\_
- ☐ **Subsequent pledge payments** will be paid: ☐ **Annually** ☐ **Semi-Annually** ☐ **Quarterly** ☐ **Monthly**  
In equal installments of \$ \_\_\_\_\_  
Ending on (date) \_\_\_\_\_ in FY \_\_\_\_\_
- ☐ This **Campaign** donation will be made using the following gift instrument (cash, stock, securities, etc.): \_\_\_\_\_
- ☐ This **Campaign** donation will be matched by: \_\_\_\_\_

### Campaign Gift Recognition (choose all that apply):

- ☐ Please list the following name in all published lists: \_\_\_\_\_
- ☐ Please list "Anonymous" on lists that indicate gift levels. ☐ Please list "Anonymous" in all published lists.

### Donor Advised Funds, ONLY (we encourage you to work with your financial custodian to fulfill this grant recommendation):

I will recommend a ☐ monthly ☐ quarterly ☐ annual grant of \$ \_\_\_\_\_  
for # \_\_\_\_\_ years from the \_\_\_\_\_ (Donor Advised Fund and Financial Custodian).

We are proud to able to provide this gift for Saint Thomas Academy at this exciting time.

Signature – Donor \_\_\_\_\_ Date \_\_\_\_\_

Signature – Donor \_\_\_\_\_ Date \_\_\_\_\_

Signature – \_\_\_\_\_ Date \_\_\_\_\_  
Director of Institutional Advancement

Signature – Headmaster \_\_\_\_\_ Date \_\_\_\_\_

### PLEASE RETURN TO:

Mike Maxwell • HHBF Campaign Manager  
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