



# G I F T A G R E E M E N T

DONOR NAME \_\_\_\_\_ (Please print as it should appear)

SIGNATURE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email \_\_\_\_\_

Student Name \_\_\_\_\_ ID \_\_\_\_\_

Affiliation  Alumni Class of \_\_\_\_\_  
 Parent/Guardian of \_\_\_\_\_  
 Other \_\_\_\_\_

### Payment options

Check (Please make payable to St. Brendan High School)  
 VISA  MasterCard  AMEX  Discover

### Destination

Area of Greatest Need  Athletics  Financial Aid  Academies \_\_\_\_\_

### My gift will be

Matched by my employer  Anonymous  Honor/Memorial \_\_\_\_\_  
(Please print as it should appear)

As specified above, I authorize St. Brendan High School to charge my credit card:

CC # \_\_\_\_\_ Expires \_\_\_\_\_

Name on card \_\_\_\_\_ CVV# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## TOTAL GIFT AMOUNT

2022-2023 \$ \_\_\_\_\_

Choose your payment schedule. Please note our fiscal year runs from July 1st to June 30th.

- Single Payment.** My donation is a one-time gift.
- Please charge/bill me \$ \_\_\_\_\_** per month.  
(circle one)
- My **total gift amount** recurs annually ending on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Comments \_\_\_\_\_

## SUGGESTED GIVING LEVELS

Benefactor Level	<b>Leadership Circle</b>	<b>\$10,000+</b>
	<b>Fr. Dennehy Circle</b>	<b>\$5,000—\$9,999</b>
	<b>Principal's Circle</b>	<b>\$2,000—\$4,999</b>
	<b>Green &amp; White Club</b>	<b>\$1,000—\$1,999</b>
.....		
	<b>Sabre Patron</b>	<b>\$500—\$999</b>
	<b>Sabre Family</b>	<b>\$250—\$499</b>
	<b>Sabre Friend</b>	<b>Up to \$249</b>