



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

2023-2024 \$ _____

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