Notre Dame Belmont
Donation Pledge Form

Donor Information

Name _____

Alumna (Class of _____) Current Parent (Class of _____) Past Parent (Class of _____)
Grandparent (Class of _____) Faculty/Staff _____Friend of NDB_____Anonymous _____

Address _____ City _____ State _____
Zip Code _____ Phone _____ Cell ____Work _____Home _____
Email _____

Pledge Schedule

I would like to pledge $ _____ in support of Notre Dame Belmont.
I will fulfill this pledge through ___ annual ___semi-annual ___ monthly
payments of $_____
Pledge start date _____ Pledge end date _____

Pledge Payment Type

_____Donor Advised Fund (DAF) _____Stock _____Check _____Other (Describe)_____

Donor Gift Intention (if applicable) :_____

Please complete pledge payments by June 30, 2025 to be recognized in the Annual Report.
Please list my/our name in acknowledgments as:_____
☐ Please do not list my/our name in acknowledgments, publications or written materials.

Payment Authorization

I authorize Notre Dame High School to debit my credit card account.
Credit Card # _____Exp _____ Security Code _____
Name on Card _____
Signature _____Date _____

Please submit form by mail or email to messalat@ndhsb.org.
If you have questions, please contact Meredith Essalat
at 650.595.1913 x 415 or messalat@ndhsb.org,

Thank you for supporting Notre Dame Belmont!

1540 Ralston Avenue Belmont, CA 94002
Tax ID #94-1424421