

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