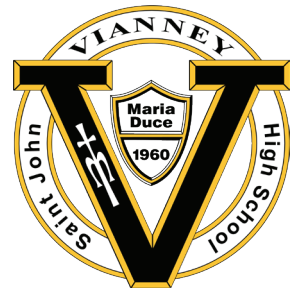


SOARING HIGHER



I/We intend to contribute a total of \$ _____

in support of the **SOARING HIGHER Campaign.**

Donor name as you'd like it to appear in publications _____

I/We prefer that my/our name(s) not be listed.

Is this gift restricted? Yes No If YES, specify _____

This gift will be structured over a period of # _____ years. Payments will begin: _____ / _____ (month/year)

Payment Frequency of Donation

- Single Gift Quarterly
 Annually Monthly
 Other _____

Pledge Length:

3 years _____

Gift distribution will be as follows:

2024: \$ _____ Cap. Campaign
2025: \$ _____ Cap. Campaign
2026: \$ _____ Cap. Campaign
2027: \$ _____ Cap. Campaign

Payment Method of Donation

I intend to pay with securities.

Please charge my credit card:

Card # _____

Expiration: _____ / _____ (month/year) Security Code: _____

I intend to contribute these funds all or partially from a Qualified Foundation or Donor Advised Fund (DAF).
In the event that the Foundation or DAF would not pay, I will fulfill this pledge with personal assets.

IRA Distribution/Required Minimum Distributions (RMDs).

Please provide details: _____

Estate/Planned Gift.

Please provide details: _____

Personal Check

Other: _____

My company has a Matching Gift Program; please contact me. Company Name: _____

I (We) understand this commitment is made in good faith but is not legally binding should I (we) encounter unforeseen circumstances.

(Signature)

(Date)

(Please Print Name)



St. John Vianney High School

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www.vianney.com/soaringhigher