



Name _____ Email _____ Phone _____

Address _____ City _____ State _____ Zip _____

I am (check all that apply): Alumni (Class of _____) Grandparent Faculty/Staff

Current Parent (Child/Children's name(s) _____)

Former Faculty/Staff Former Parent Parent of Alumnus Friend Business Faculty/Staff

We are very grateful to all who choose to support our mission by making Cardinal Newman School a charitable priority in their lives. Their Newman Fund commitment remains a vote of confidence in our efforts to provide the very best in a Catholic education and to motivate young adults to become positive contributing members of society.

The Cardinal Newman Leadership Society

The Cardinal Newman Leadership Society has been established to honor the proud legacy of Cardinal Newman School. This society is comprised of lead benefactors to the Newman Fund who, through their generosity, demonstrate a commitment to the ideals and mission of Cardinal Newman School. Membership in the society is open to all individuals, companies, and foundations who make a commitment of \$1,000 or more to The Newman Fund prior to June 30. We continue to be grateful for the generosity and foresight of all members of *The Cardinal Newman Leadership Society*.

Please accept my/our enrollment in The Cardinal Newman Leadership Society as follows:

_____ \$10,000 or more *Guardians of the Mission*

_____ \$2,500 to \$4,999 *Champions of Tradition*

_____ \$5,000 to \$9,999 *Circle of Leaders*

_____ \$1,000 to \$2,499 *John Henry Newman Society*

Foundational Commitment Societies

These commitments form the foundation of support for our efforts at Cardinal Newman School. We are grateful to all who participate in the life of our school through one of the following societies:

_____ \$500 to \$999 *Principal's Society*

_____ \$100 to \$249 *Friends of Cardinal Newman*

_____ \$250 to \$499 *Ambassadors of Cardinal Newman*

_____ \$1 to \$99 *Young Guardians*

Step 1: I/We would like to make a total commitment to the 2025-226 Newman Fund ending June 30, 2026 in the amount of \$ _____

Step 2: Please select from one to four installments: ___ One ___ Two ___ Three ___ Four ___

Step 3: Please indicate the installment amount \$ _____

Step 4: Please select your preferred installment dates: Enclosed \$ _____

___ 9/1 ___ 10/1 ___ 11/1 ___ 12/1 ___ 1/1 ___ 2/1 ___ 3/1 ___ 4/1 ___ 5/1

A pledge reminder will be mailed in advance according to your preferred schedule. All pledges to be paid by June 30.

Payment Method:

Check payable to **Cardinal Newman School** (return in the enclosed envelope) or Credit Card (Visa, Amex, Discover, MC)

Card Number _____ Exp. Date _____ CVS Code _____

Name on Card: _____ Signature _____

My employer does give matching gifts: YES I have attached my employers Matching Gift paperwork

I would like my contribution in memory of, in honor of _____

If you have any questions, please contact our Advancement Office at 803-888-1620 or avoho@cnhs.org

Please return to Cardinal Newman School ~ 2945 Alpine Road ~ Columbia, SC 29223