



Donor Name(s) — Please print clearly!		
Student Name(s) and Class Year(s)		
Email Daytime	Phone Number	
$\square$ Have already made our donation and would like to increase the donation.		
☐ Making donation tonight at the parent dinner.		
$\square$ Need more information to make donation decision.		
PLEDGE AMOUNT (please check box)		
I/We pledge to pay to the Jesuit Fund:		
$\square$ Magis \$25,000 $\square$ Loyola \$15,000 $\square$ Bell Tower \$10,000 $\square$ Leadership \$5,000		NGE \$2,500
$\square$ Red & Gold \$1,500 $\square$ Marauder \$1,000 $\square$ Partner \$500 $\square$ Friend \$250 $\square$ C	Other \$	
Donor Signature(s)	Date	
PAYMENT OPTIONS (please check payment option)		
☐ I/We enclose full payment with form		
☐ I/We will pay in one payment on the 15th of (month)		
$\square$ I/We will pay in (number) monthly payments beginning on the 15th of (month/year	r)	_ /
PAYMENT METHOD (please check payment method)		
Check (payable to Jesuit High School)		
☐ TADS tuition management & billing system (which will be added to the same account &	schedule as you	ır tuition payment)
Stock Transfer/Other—please contact me at daytime phone		
☐ Credit Card (We accept American Express, Discover, MasterCard or VISA)		
Card Number	Expiration Date	CVV Security Code
Credit Card Billing Address, Including Zip Code	Daytime Phone N	umber
Name as it Appears on Credit Card  Cardholder Signature		
MATCHING GIFTS (please provide information below)		
Many employers will match your gift. Please check with your personnel office on how to	increase the val	ue of your gift!
Name of Matching Gift Company		

For Information: Julia Clark | Director of Annual Giving | Neil '07 Office: 916-480-2128 | Mobile: 916-208-7730 | Julia.Clark@jesuithighschool.org

Please complete and return this form OR visit JesuitHighSchool.org/annual-fund to complete the form online.