



St. Therese

# LITTLE FLOWER CATHOLIC SCHOOL

## ANNUAL FUND

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

If LF Alumni, Class of \_\_\_\_\_ Phone \_\_\_\_\_

If you prefer to make a one time or recurring donation **on-line**, go to [www.littleflowerparishschool.org](http://www.littleflowerparishschool.org) and click *Support Us* on the menu bar. Call 317-357-8352 with questions.

- This gift qualifies for a matching gift from my employer, and I have included the necessary form.
- Check here if you do not want your name published when gifts are acknowledged in our annual report.
- Check here if you do not want your gift amount published when gifts are acknowledged in our annual report.

### Total Gift or Pledge Amount (Gifts may be paid over a period of time)

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> \$100.00                | <input type="checkbox"/> \$500.00   | <input type="checkbox"/> \$2,000.00 |
| <input type="checkbox"/> \$200.00                | <input type="checkbox"/> \$750.00   | <input type="checkbox"/> \$3,000.00 |
| <input type="checkbox"/> \$300.00                | <input type="checkbox"/> \$1,000.00 | <input type="checkbox"/> \$5,000.00 |
| <input type="checkbox"/> Other Amount — \$ _____ |                                     |                                     |

**Any gift, regardless of size, is appreciated & tax deductible.**

### Payment Method

- Check enclosed for total amount
- I would like to pay as follows:
  - Monthly       Quarterly       Semiannually
  - I have enclosed a partial payment of \$ \_\_\_\_\_
- Please remind me with a statement.
- Please contact me to arrange for Electronic Funds Transfer from checking or savings account.
- Please charge my credit card.
  - For my total gift now       On the schedule noted above

Credit Card Number \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_