

Holy Child Academy

Annual Fund Gift Form

Name (s):	Email:		
□ Past/Present Parent □ Alum □ Past/Present	Faculty/Staff		
Home phone:	Business phone:		
Company/Foundation	(0 P. 11)		
Address:	(if applicable)		
City:			
□ Please keep this gift/pledge anonymous.	☐ My company will mater appropriate forms.	ch this gift/pledge. Please forward	
Below is my gift for the Annual Fund:			
Guardian Angels' Circle (\$5,000 or more)	I/we pledge:	\$	
Cornelian Circle (\$2,500 to \$4,999)	Matching gift: Total gift:	\$ \$	
Founders' Circle (\$1,000 to \$2,499)	Enclosed:	\$	
Headmaster's Circle (\$250 to \$999)			
Friends' Circle (up to \$249)			
□ Enclosed is my tax-deductible check made payable	e to Holy Child Academy		
□ Please charge my tax-deductible gift to my credit c	ard Amex Master Car	rd □ Visa □ Discover	
In the amount of \$ Cardholder's Na	nme:		
Credit Card#:		Expiration date:	
Billing Address (if different from above):			
Cardholder's Signature:		Date:	
Alumni news/notes for Currents:			

Thank you for your support!