

Pledge Form

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (cell)	
Telephone (business)	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid:
 one-time monthly quarterly yearly

I (we) plan to make this contribution in the form of:
 cash check credit card other

Gift will be matched by _____ (company/family/foundation).
 Form enclosed Form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Cristo Rey Columbus High School
 840 West State Street
 Columbus, OH 43222
 (614) 395-1505

Further information and online pledge options are available at www.cristoreycolumbus.org. Thank you.