



THE CRUSADE

ANNUAL STEWARDSHIP PROGRAM

*A Commitment of Innovation and Excellence,
Grounded in Tradition and Faith*

2018 Pledge/Donation Form

Yes! I want to join "The Crusade," Saint Anne's Annual Stewardship Program for 2018, at the following level (please check one):

_____ **FOOT SOLDIER - \$150**

Includes a copy of The Crusade's 2018 Annual Report (available September 2018) & bumper sticker

_____ **SERGEANT - \$500**

Includes Foot Soldier perks + a 50% discount for up to 2 tickets to the 2018 Annual Gala on April 14

_____ **KNIGHT - \$1,000**

Includes Foot Soldier perks + 2 complimentary tickets to the 2018 Annual Gala on April 14

_____ **COMMANDER - \$5,000**

Includes Foot Soldier perks + 1 complimentary VIP table to the 2018 Annual Gala on April 14

_____ **MARSHAL - \$10,000**

Includes Foot Soldier perks + 2 complimentary VIP tables to the 2018 Annual Gala on April 14 and verbal recognition in the Gala program

My payment preference
(please check one and provide additional information):

___ **One-time payment** for full amount enclosed

- Check # _____
 Bill my credit card (below)

___ please split my pledge into **4 equal installments** to be paid between March and June of 2018

- Bill my credit card (below)

Note: Donations processed on or prior to December 31, 2017, will be acknowledged for the 2017 tax year, with a thank you letter and tax-deductible receipt sent by February. One-time or monthly donations processed on or after January 1, 2018, will be acknowledged for the 2018 tax year, with a thank you letter and tax-deductible sent by July.

PERSONAL INFORMATION

Name(s): _____

Check, only if applicable: Please list this gift in honor of: _____
 Please list this gift as 'Anonymous'

Address: _____

City: _____ **State** _____ **Zip** _____

E-mail: _____ **Phone number:** _____

I am (circle one): a Saint Anne Parent Saint Anne Extended Family (grandparent/aunt/uncle)
Saint Anne Alum (Class of _____) Saint Anne Parishioner Saint Anne Faculty/Staff OTHER:

Turn and complete "payment information" on back

PAYMENT INFORMATION

Checks should be made payable to: Saint Anne Catholic School

Credit card (circle one): *Visa* *American Express* *Mastercard* *Discover*

Name as shown on credit card: _____

Billing Address (only if different from above): _____

Card number _____ **Security code (on back)** _____ **Exp Date** ____ / ____

Authorizing signature: _____

If you have any questions regarding The Crusade Annual Stewardship Program for 2018, including questions about tax-recognition, the 2018 Gala, or ways to share The Crusade charitable opportunity with others, please contact the Saint Anne Main Office at: 281-351-0093.
