

St. John's Jesuit High School & Academy Alumni Challenge

Name _____ Preferred Phone (_____) _____ - _____ - _____

Address _____ Preferred E-Mail _____

City _____ State _____ Zip _____

Please accept my annual pledge toward the Class of _____ Alumni Challenge

\$5,000 \$3,500 \$2,500 \$1,500 \$1,200 \$1,000

I am making this annual pledge for 2 years 3 years 4 years 5 years

TOTAL AMOUNT OF MY PLEDGE \$ _____

Enclosed is my gift of \$

- ☐ Check – please make payable to St. John’s Jesuit
- ☐ Credit Card
- ☐ Visa ☐ MasterCard

Account Number _____ / _____ / _____ Expiration Date ____ / ____

Signature _____ Verification Code _____

Please send me pledge reminders _____ Annually _____ Quarterly
Semi – Annually (in _____ and _____)

Does your company have a matching gift program? ☐ Yes ☐ No

Company Name: _____ (Please enclose your company's form)

Please contact me to discuss the *Adopt A Student* program

I would like information on establishing a named scholarship

I have included St. John's Jesuit in my will/estate plans.

Please tell us how St. John's Jesuit has impacted your life and the life of those around you?

Thank you for your generosity