

**ST. NICHOLAS OF TOLENTINE ALUMNI ASSOCIATION
PLEDGE FORM**

Donor Information (please print or type)

Name _____
Billing Address _____
City, State, Zip _____
Phone # _____
Email _____

Pledge Information

_____ \$25.00 _____ \$35.00 _____ \$50.00 _____ \$100.00
_____ \$250.00 _____ \$500.00 _____ \$1,000.00 _____ Other \$ _____

I (we) pledge a total of \$ _____ to be paid: _____ Now _____ Monthly
_____ Quarterly _____ Yearly

I (we) plan to make this contribution in the form of: _____ Cash _____ Check

Gift will be matched by (company/family/foundation) _____

Acknowledgement Information

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

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

Signature Date

Please make checks, corporate matches, or other gifts payable to:	St. Anthony Alumni 913 Pierce Street Philadelphia, PA 19148
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