

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ E-mail: _____

Enclosed is my check for: \$ _____

(Please make payable to Providence Catholic School)

Bill my credit card now for \$ _____

Here is my pledge of \$ _____

Please send me a pledge reminder.

(Pledges must be paid before July 31, 2012)

Bill my credit card on the dates indicated below:

Amount: \$ _____ Month _____

Amount: \$ _____ Month _____

Amount: \$ _____ Month _____

Amount: \$ _____ Month _____

MasterCard Visa AMEX

Acct. Number _____

Security Code _____ Expiration Date: ____/____/____

Signature _____

My company matches charitable donations.

I have enclosed the company matching gift form.

Please credit this as a contribution from: *(circle all that apply)*

Current Parent

Alumna (Yr _____)

Board Member

Past Parent

Friend

Grandparent

In honor/memory of: _____

I would like to be listed anonymously.

I would like my gift to support Providence in the following way(s).

I understand every effort will be made to honor my request.

Financial Aid

Library

Performing & Visual Arts

Technology

Building and Grounds

Faculty Support

Athletics

Where the greatest need is

Please return this form to:

The Development Office, Providence Catholic School,
1215 N. St. Mary's Street, San Antonio, TX 78215-1737

Give online at www.providencehs.net/giving.

Thank you for your generous support!