



CARMEL CATHOLIC HIGH SCHOOL

Letter of Intent Form

In support of Carmel Catholic High School's Annual Fund

I/we hereby pledge \$ _____

Sustaining Member - \$1,000 to 2,999 Mary Frances Clarke Circle - \$3,000 to \$4,999
Blessed Titus Brandsma Circle - \$5,000 to \$9,999 President's Circle - \$10,000 or greater

Name _____

Address _____

State _____

Zip _____

Phone number _____

Email address _____

I (we) will satisfy this obligation with:

A) One single payment

___ I have enclosed a check for my full gift. (*Payable to Carmel Catholic High School*)

___ Please charge my gift to ___ Discover ___ MasterCard ___ VISA

_____ Account number

_____ Exp. date

_____ Signature

B) A pledge over the 2010-2011 academic year beginning on _____
Month/Day/Year

___ To be charged to my credit card ___ Monthly ___ Quarterly ___ Semiannually

___ To be fulfilled by check ___ Monthly ___ Quarterly ___ Semiannually
(*We will send you a reminder letter.*)

___ To be fulfilled by Electronic Funds Transfer (*Complete the form on back*)

C) ___ I would like to make a gift/pledge by stock transfer. Please call me with details.

If you or your spouse works for a matching gift company, please fill in the space below.

Name of matching gift company _____

Potential matching gift amount: _____

Please Note: Matching gifts must be received by Carmel Catholic High School by June 30, 2011 for the gift to be counted towards the Carmel Society level for the 2010-2011 fiscal year.

___ I have included Carmel Catholic in my estate plans.

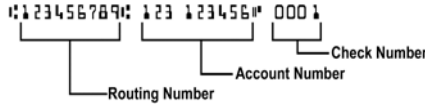
Electronic Funds Transfer Authorization Agreement for Automatic Withdrawal of Funds

Name on account (Please print) _____

Address _____

City _____ State _____ Zip _____

Please debit my donations from my (Check one):
____ Checking Account – **attach a voided check**
____ Saving Account – **attach a deposit slip**

Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3
Account Number _____


I would like to make the following donation (s)

Carmel Society \$ _____ (Minimum pledge amount \$1,000)
Total amount of pledge

Donation frequency each month debited on the ___1st ___10th ___20th ___25th (Check one)

Please make my ongoing donation effective _____ (Date of first donation)
Month/Day/Year

____ This EFT authorization will end on _____
Month/Day/Year

____ This EFT authorization will continue as open ended until I notify Carmel Catholic High School to cancel.

I authorize Carmel Catholic High School and Vanco Services, LLC to process monthly debit entries from my account according to the donation information above. I understand that this authorization will remain in effect until my pledge is completed.

Authorized Signature: _____

Date: _____

***PLEASE NOTE:** If faxing this form, please do not place anything (i.e. a voided check) over any part of this form.

Attach your voided check or deposit slip here.