



# St. Paul School Annual Fund

## Donor Information (please print or type)

Name	
Home address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
E-Mail	

## Pledge Information

I pledge a **total** of \$\_\_\_\_\_ (over 12 months) to be paid:  
\_\_\_\_ Now    \_\_\_\_ Semi-Annually    \_\_\_\_ Quarterly    \_\_\_\_ Monthly

I plan to make this contribution in the form of:  
\_\_\_\_ cash    \_\_\_\_ check    \_\_\_\_ credit card

Credit card type	
Credit card number	
Expiration date	Security Code:
Authorized signature	

## Acknowledgement Information

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

--

\_\_\_\_ I wish to have the gift remain anonymous.

Signature(s)	Date:
--------------	-------

**RETURN FORM TO:**  
St. Paul Advancement Office  
ATT: Kim Edmiston  
140 Walnut Street  
Weirton, WV 26062