

ST. JUDE THE APOSTLE CATHOLIC SCHOOL 2009 - 2010 ANNUAL FUND

Name _____
(Please print your name as you would like it to appear in the Annual Report)

Address _____

City / State / Zip _____

Phone _____ E-Mail _____

- | | |
|---|--|
| <input type="checkbox"/> Alumni/ Class of _____ | <input type="checkbox"/> Current Faculty/Staff |
| <input type="checkbox"/> Current Parent | <input type="checkbox"/> Former Faculty/Staff |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Parishioner |
| <input type="checkbox"/> Parent of Alumni | <input type="checkbox"/> Friend |

GIVING LEVELS:

- | | |
|---|--|
| <input type="checkbox"/> \$5,000 or more 1962 Founders' Society | <input type="checkbox"/> \$500 - \$999 D'Youville Circle |
| <input type="checkbox"/> \$2,500 - \$4,999 Spalding Society | <input type="checkbox"/> \$250 - \$499 Principal's Circle |
| <input type="checkbox"/> \$1,000 - \$2,499 Stapleton Society | <input type="checkbox"/> Up to \$249 Blue and White Circle |

My total commitment to the **2009-2010 Annual Fund** in the amount of \$_____ is enclosed pledged.

Payments to be completed by June 30, 2010. One payment (Date _____) Two payments

My gift will be matched by _____ (Please enclose matching gift form.)

I would like to make this gift In Honor of **OR** In Memory of _____

I intend to include/ I have included St. Jude the Apostle Catholic School in my will.

Please make all checks payable to *St. Jude the Apostle Catholic School*.

St. Jude the Apostle Catholic School
Development Office
7171 Glenridge Drive NE
Atlanta, GA 30328