

# Saint Jude the Apostle Catholic School

2025 - 2026 ANNUAL FUND COMMITMENT

**\*\*Personal and Confidential\*\***

*We are grateful to all who support our mission by making Saint Jude the Apostle Catholic School a charitable priority in their lives. Your generous gifts enable Saint Jude School to provide the best possible education for our students. All gifts are tax-deductible.*

## SAINT JUDE GIVING LEVELS

### SOCIETIES

\$10,000 +	1962 Founder's Society *
\$5,000 - \$9,999	Grey Nun Society *
\$2,500 - \$4,999	Spalding Society *
\$1,500 - \$2,499	Stapleton Society *

### CIRCLES

\$1,000 - \$1,499	D'Youville Circle
\$500 - \$999	Principal's Circle
\$0 - \$499	Blue & White Circle

*\*All Society Level Donors are invited to a Leadership Donor Dinner*

## 2025 - 2026 ANNUAL FUND COMMITMENT:

ALL GIFTS ARE TAX DEDUCTIBLE.

**TOTAL GIFT 2025-2026 Annual Fund: \$**                     

**MATCHING GIFT: The GIFT will be matched by:**

\_\_\_\_\_ (Company Name)

We appreciate the extra time taken to initiate a matching gift.

**Annual Fund 2025-2026 received 42 matching gifts totaling over \$41,000.**

## PAYMENT OPTIONS:

*(please note how gift will be fulfilled)*

**PLEDGED** – Balance due before May 31, 2026

**CHECK:** Please make checks payable to **Saint Jude the Apostle Catholic School Annual Fund.**

**CHECK ENCLOSED. CHECK #:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FACTS:** Payments can be made in a single or multiple payments ending May 2026. *(current school parents only)*

Single Payment in \_\_\_\_\_ (Please write the month to bill FACTS)

3 Month Payment *(choose one)*    OCT '25 thru DEC '26                      JAN '26 thru MAR '26

6 Month Payment                      ☐ DEC '25 thru MAY '26

**CREDIT CARD:** Donate online at [www.saintjude.net](http://www.saintjude.net) and click GIVE TODAY

**GIFT OF STOCK:** Email Director of Advancement, Sue Kitchin at [skitchin@saintjude.net](mailto:skitchin@saintjude.net) for a Stock Transmittal Form

### Notifications Choice:

Mail monthly acknowledgment letter

Mail ONE letter with total giving amount. **FACTS payers will get one letter when all payments are completed.**

*Please indicate below how you would like your name to appear in the Annual Report:*

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Alumni/Class of _____	Current Parent	Parent of Alumni	Grandparent
Current Faculty/Staff	Former Faculty / Staff	Parishioner	Friend

**I would like to make this gift:**    In Honor of    In Memory of \_\_\_\_\_

**ALL GIFTS ARE ASKED TO BE FULFILLED BY MAY 31, 2026**