

Saint Jude the Apostle Catholic School

2026 - 2027 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

2026 - 2027 ANNUAL FUND COMMITMENT:

ALL GIFTS ARE TAX DEDUCTIBLE.

TOTAL GIFT 2026-2027 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, 2027
- **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 2027. (current school parents only)
 - Single Payment in _____ (Please write the month to bill FACTS)
 - 3 Month Payment (choose one) OCT '26 thru DEC '26 JAN '27 thru MAR '27
 - 6 Month Payment DEC '26 thru MAY '27
- **CREDIT CARD:** Donate online at www.saintjude.net and click GIVE TODAY
- **GIFT OF STOCK:** Email Director of Advancement, Sue Kitchin at 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, 2027