



# Soar to Success

2008-2009 Annual Fund Campaign

## Yes! I would like to help students Soar to Success!

Please accept my gift for the 2008-2009 school year:

- |   |                     |                 |
|---|---------------------|-----------------|
| <input type="checkbox"/> Platinum Eagle       | \$ 2,501 - \$5,000+ | Amount \$ _____ |
| <input type="checkbox"/> Gold Eagle           | \$ 1,001 - \$2,500  | Amount \$ _____ |
| <input type="checkbox"/> Silver Eagle         | \$ 501 - \$1,000    | Amount \$ _____ |
| <input type="checkbox"/> Bronze Eagle         | \$ 101 - \$ 500     | Amount \$ _____ |
| <input type="checkbox"/> Blue and White Eagle | \$ 1 - \$ 100       | Amount \$ _____ |

### Contact Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: (home or cell, please circle) \_\_\_\_\_

Please select one of the two options:

- Name as I would like it to be used for recognition\* \_\_\_\_\_  
 I'd like my gift to remain anonymous.

### Payment Type:

- Cash enclosed  
 Check enclosed  
 Monthly Pledge\*\*:  
     \$ \_\_\_\_\_ per month x \_\_\_\_\_ # months = \$ \_\_\_\_\_ total donation, beginning date: \_\_\_\_\_  
 Quarterly Pledge\*\*:  
     \$ \_\_\_\_\_ per quarter, payable September, December, March & June = \$ \_\_\_\_\_ total donation

*\*All gifts for the 2008-2009 Soar to Success Annual Fund Campaign must be received by May 15 to be recognized during the following school year.*

*\*\*Payment coupons will be sent to you.*

Please check all box(es) which describe you:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Parent of current student      | <input type="checkbox"/> Alumni (Class of _____)  | <input type="checkbox"/> Grandparent of Alumni |
| <input type="checkbox"/> Grandparent of current student | <input type="checkbox"/> Parent of Alumni         | <input type="checkbox"/> Faculty/Staff         |
| <input type="checkbox"/> SAC Member                     | <input type="checkbox"/> Home & School Leadership | <input type="checkbox"/> Other: _____          |

Please credit the following student(s)/class(es) toward 100% homeroom class participation goal:

- \_\_\_\_\_  
 I'd like more information on how to support Saint John the Apostle School through my will.  
 My company will match my gift. I will have the Human Resources Department send you the appropriate information.

Please return to:

Meg Pelzel, Development Director  
 St. John the Apostle Catholic School  
 7321 Glenview Dr., North Richland Hills, TX 76180  
 817-284-2228 www.stjs.org

## Thank you for helping students soar to success!