

PROVIDENCE SCHOOL ANNUAL GIVING COMMITMENT CARD

NAME _____ PHONE NUMBER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

IF SOME OR ALL PAYMENTS WILL COME FROM A BUSINESS THAT YOU OWN, PLEASE GIVE BUSINESS NAME:

MY GIFT TO THE ANNUL GIVING CAMPAIGN IS: \$ _____

- A CHECK FOR THE TOTAL GIFT IS ENCLOSED (PAYABLE TO PROVIDENCE SCHOOL)
- MY PLEDGE WILL BE PAID IN FULL BY MAY 31, 2011
- PLEASE CHARGE MY CREDIT CARD:

VISA ___ MC ___ DISCOVER ___ AMEX ___

ACCOUNT NUMBER _____

EXP. MONTH _____ YEAR _____ SECURITY CODE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

- YOUR EMPLOYER MAY MATCH YOUR GIFT TO PROVIDENCE.**

MY GIFT WILL BE MATCHED BY: _____

(PLEASE FORWARD YOUR COMPANY'S MATCHING GIFT FORM WITH YOUR CONTRIBUTION OR CALL OUR ADVANCEMENT OFFICE FOR ASSISTANCE)

- IN HONOR/MEMORY OF _____
- I WISH TO REMAIN ANONYMOUS

RELATIONSHIP TO PROVIDENCE

- PARENT
 - ALUMNI PARENT
 - ALUMNI
 - FRIEND
 - GRANDPARENT _____
- NAME OF GRANDCHILD(REN)