



ST. CHRISTOPHER SCHOOL

COMPASSIONATE ♦ ACCOMPLISHED ♦ MOTIVATED

St. Christopher School Education Fund

____ Yes, I am a supporter of St. Christopher School! I would like to extend my Education Fund participation by the following:

____ 2 years ____ 5 years ____ Until I request an end date

I would like to continue my pledge at the following yearly amount (please select one):

____ My current pledge amount: \$ _____

____ The following amount: \$ _____

Billing Cycle: ____ Annually ____ Quarterly ____ Monthly

____ I do not wish to extend my pledge, but I want to make a one-time donation of: \$ _____

Payment Information:

____ Mail me a statement

____ Email me my statement

____ I will set up an automated online donation by going to: www.stchrisschool.org/donate

Name: _____ Date _____

Signature: _____

Please update your contact information:

Name: _____

Address: _____ City: _____ State: _____

Phone 1: _____ Email 1: _____

Phone 2: _____ Email 2: _____

Comments or questions: _____

*Please return to: St. Christopher Parish, 4130 W. 147th St. Midlothian, IL 60445
Thank you for your generous and faithful support of St. Christopher School!!*