

**St. Francis of Assisi Catholic School**

Educational Trust Fund Leadership Circle

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

Gift Commitment Form

Annual amount: \$, \_\_\_ / year for 5 years or \$, \_\_\_ total

Duration: 5 years beginning in 20\_\_

Remittance plan for 1<sup>st</sup> year and potentially for subsequent years.  
*(Statements will be sent for payments due.)*

**Payment options**

**Timing**

- One time payment \_\_\_\_\_
- Annual payments \_\_\_\_\_
- Quarterly payments annually  
March  
June  
September  
December
- Other (please describe) \_\_\_\_\_



Please consider this the remittance plan for:

- 1<sup>st</sup> year only
- For 1<sup>st</sup> year and subsequent years



I/we have checked with my/our employer(s) and a Matching Gift is available from:

\_\_\_\_\_

\_\_\_\_\_  
(Signature Please)

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

**Address**\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_