



1300 Casazza Drive, Reno, NV 89502 | (775) 323-2931
www.littleflowerschoolnv.org/capitalcampaign/



**I/We wish to pledge the following
 the next 3 years, in support
 of the *Ensuring Our Legacy,
 Sustaining Our Mission* Campaign:**

To complete your pledge online, please visit
www.littleflowerschoolnv.org/capitalcampaign/

Signature (*type name*): _____

Date: _____

\$ _____ My/Our personal pledge amount

\$ _____ Amount my company will contribute

_____ Name of company

\$ _____ My/Our total pledge amount

\$ _____ Initial payment* (today)

\$ _____ Remaining balance

**Please make checks payable to Little Flower Catholic School*

PAYMENT OF GIFT

I would like to make my first payment starting:

_____ (*month/year*)

Select one:

- Monthly Quarterly One-Time Gift
 Semiannually Annually
 Other _____

DONOR INFORMATION

Name _____

Address _____

City, State ZIP _____

Phone _____

Email _____

For recognition purposes, please list our name(s) as:

(John Smith, John and Jane Smith, Mr. & Mrs. Smith, Smith Family, ABC Business, Anonymous)

METHOD OF PAYMENT

Please accept my gift in the following form:

- Cash/Check | *Make payable to Little Flower Catholic School*
 Automatic Withdrawal* | *Please include a voided check*

Bank routing number: _____

Account number: _____

Please indicate date of withdrawal: _____

**small processing fee may apply*

- Credit Card* | AMEX MasterCard VISA Discover

Account number: _____

Name on card: _____

Expiration date: ____ / ____ CVV/CVC Code: _____

**small processing fee may apply*

- Mutual Fund/Stock*
 Estate Gift*
 Other _____

**Little Flower will contact you for additional information*

NOTES _____

SUBMIT