

# ST. PAUL GIANTS EDUCATIONAL FOUNDATION

## 2015-2016 Gift Agreement

### Donor Information:

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Recognition:

- Please keep this gift/pledge anonymous.  
 You may publicly acknowledge my/our support.  
Acknowledgment for publication use:

X \_\_\_\_\_

- This gift commitment is in honor/memory of:

*Please send notification of this gift to:*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### Donor Signatures

Signature 1: \_\_\_\_\_

Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_

Date: \_\_\_\_\_

I/we pledge a total of \$ \_\_\_\_\_  
to the Campaign for the St. Paul Giants  
Educational Foundation

### Pledge will be paid:

- As a single payment now.  
 As an unscheduled payment.

Paid in full by: \_\_\_/\_\_\_/\_\_\_(M/D/Y)

- A series of scheduled payments.  
 Monthly  Quarterly  
 Semi-Annually  Annually

Payments will begin \_\_\_/\_\_\_/\_\_\_(M/D/Y)

- Please send me payment reminders.**

- Enclosed is a check for \$ \_\_\_\_\_**  
Payable to: St. Paul Lutheran School

- Please ACH account for payments.**  
(Attach voided check)

- Please charge:**  
 Mastercard  Visa  
 Discover  American Express

Name on Account: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Acct #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CSV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

- Gift will be in the form of securities.**  
Please contact for further details.

*SPGEF Gift Agreement Acceptance*

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_