

Name (Print)					
Total Pledge \$ Naming and recognition oppor	tunities on reverse		Pledges may be	made over five years.	
Payment Included \$		Balance \$			
PAYMENT METHOD					
Credit Card *	0	Check		O IRA Required *	
O Debit Card *	0	Online Giving *		Minimum Distribution	n
PAYMENT SCHEDULE					
Quarterly (20 Payments)	0	Annual (5 payme	ents)		
Beginning on (date)		Amount of First I	Payment \$		
Signature				Date	
* These methods of payment m MAKE C	ust be set up on th		at www.stmarys	s-aiken.org	
(Rear of Card)					
NAMING AND RECOGNITION	I OPPORTUNI	TIES:			
O FACILITY NAMING OP AREA BEING SPONSE	DED.		•	Check website for availabil	ity)
O STONE COLUMN PLAC					
O BENEFACTORS HALL	PLAQUES - \$2	20,000			
O BENEFACTORS STAIF	RWAY PLAQUE	ES - \$10,000			
O PLAQUES SUPPORTIN	NG FURNISHIN	NGS AND SCI	ENCE EQUI	PMENT - \$5,000	
YOUR ENGRAVED ME	SSAGE:				
Donor Contact information:					
Name			Address:	Street	
		a. .		Zip	
email:		_			
Phone:					