

# NDB Annual Fund 2018-2019



## Donation Pledge Form

*Please complete and e-mail or mail to Christine Madrigal*

### DONOR INFORMATION

Name \_\_\_\_\_

Alumna (Class of\_\_\_\_)

Current Parent (Class of\_\_\_\_)

Past Parent (Class of\_\_\_\_)

Grandparent (Class \_\_\_\_)

Faculty/Staff \_\_\_\_

Friend of NDB \_\_\_\_

Anonymous \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Cell\_\_\_\_\_

Work \_\_\_\_\_

Home \_\_\_\_\_

Email \_\_\_\_\_

### PLEDGE PAYMENT SCHEDULE

I would like to pledge \$\_\_\_\_\_ in support of the NDB Annual Fund.

I will fulfill this pledge through \_\_\_\_annual \_\_\_\_semi-annual \_\_\_\_monthly payments of \$\_\_\_\_\_

Pledge start date \_\_\_\_\_ Pledge end date \_\_\_\_\_

*Please complete pledge payments by June 30, 2019 to be recognized in the FY18-19 Annual Report.*

I authorize Notre Dame High School to debit my credit card account.

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have additional questions, please contact:  
Christine Madrigal, Advancement Department at (650) 595-1913 x265 or [cmadrigal@ndhsb.org](mailto:cmadrigal@ndhsb.org)  
1540 Ralston Avenue Belmont, CA 94002  
Tax ID #94-1424421

Thank you for supporting Notre Dame Belmont!