



Annual Fund Drive

Enclosed is my gift in support of the mission of Cardinal Joseph Bernardin School

Amount Pledged: \$ _____
To be paid: Monthly _____ Quarterly _____ Semi-annually _____ GiveCentral.org _____

Amount Enclosed: \$ _____

Please make checks payable to Cardinal Bernardin School.

If you prefer, you may fulfill your gift on a credit card:
____ MasterCard ____ Visa ____ Discover ____ American Express

Total charge amount \$ _____

Account Number _____ Sec. Code _____

Name on Card _____ Exp. Date _____

Cardholder's Signature _____

Please check appropriate relationship to school:
____ Alum, Class of _____ ____ Friend

____ Parent of Alum, Child's Name: _____ Class of _____

____ Parent, Student's Name: _____

____ Grandparent, Student's Name: _____

Please print:
Name _____

Address _____

City/State/Zip _____

Phone _____ Email _____

Giving Levels:
Friends of CJB (up to \$249) Blue Ribbon Club (\$250-\$499) St. Joseph Society (\$500-\$999)
Gift of Peace (\$1,000 - \$2499) Bernardin Circle (\$2500 and above)