LOOKING BACK WITH GRATITUDE
MOVING FORWARD WITH PURPOSE

Donor Agreement

Full Name : _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email : _____

Pledge Details

I/We wish to support the campaign for St. Mary's Catholic Schools with a total commitment of $_____

I/We wish to fulfill this pledge in installments over a period of _____ years (Not to exceed 5 years).

2026 $_____ **2027 $**_____ **2028 $**_____

2029 $_____ **2030 $**_____

Gift Recognition

☐ For gift recognition and/or naming purposes, please print your name below.

_____

☐ I/We wish to remain anonymous, the donor named above imposes no restrictions on this gift.

By signing this agreement, the donor named above imposes no restrictions on this gift.

Printed Name:_____

Signature:_____ Date:_____

PAYMENT OPTIONS (Select one)

☐ Full Payment Enclosed (Make check payable to "St. Mary's Campus Renewal")

☐ Invoice me starting on _____/_____/_____ ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

☐ Auto-Payment (Please provide bank account information)
starting on _____/_____/_____ ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Account Holder Name:_____

Routing No.: _____ Account No.: _____

Account Type: ☐ Checking ☐ Savings

Billing Address:_____ City: _____ State: _____ Zip: _____

Signature:_____ Date:_____

Thank you for supporting the next generation of Catholic Education!

Please drop off or send your donor agreement to
St. Mary's Catholic Church, Attn: Jeff Trumbauer
606 E. 8th St., Dell Rapids, SD 57022.
Questions? Please call 605-428-3990.