

CONTRIBUTION TO CARMEL

MOUNT CARMEL ACADEMY • ACADEMIC YEAR 2008-2009 • FISCAL YEAR 2009

MY CONTRIBUTION OF \$ _____ TO THE 2008-2009 GAP DRIVE
WILL BE PAID AS INDICATED ON THE FOLLOWING PAYMENT SCHEDULE.

MONTH	AMOUNT	MONTH	AMOUNT
SEPTEMBER		FEBRUARY	
OCTOBER		MARCH	
NOVEMBER		APRIL	
DECEMBER		MAY	
JANUARY '09		JUNE	

PAYMENT METHODS:

CASH OR CHECK (PAYABLE TO "CONTRIBUTION TO CARMEL")

CREDIT CARD: VISA MASTERCARD AMEX DISCOVER

ACCOUNT NAME

ACCOUNT NUMBER

EXP DATE (MONTH/YEAR)

SIGNATURE

ALL PLEDGES ARE DUE TO BE COMPLETED BY JUNE 30, 2009.

MATCHING GIFT: IF YOUR EMPLOYER OR YOUR SPOUSE'S EMPLOYER WILL MATCH YOUR GIFT, PLEASE GIVE THE COMPANY'S NAME AND INCLUDE THEIR COMPLETED MATCHING GIFT FORM.
MATCHING GIFT COMPANY _____

ON BEHALF OF THE ENTIRE MOUNT CARMEL FAMILY, WE THANK YOU FOR YOUR GENEROSITY AND SUPPORT.
MOUNT CARMEL ACADEMY • 7027 MILNE BLVD • NEW ORLEANS, LA 70124

FAMILY NAME FIRST INITIAL DAUGHTER'S NAME (1) CLASS OF

ADDRESS CITY/STATE ZIP+4 DAUGHTER'S NAME (2) CLASS OF

HOME PHONE BUSINESS PHONE FAX/E-MAIL DAUGHTER'S NAME (3) CLASS OF

SPOUSE'S NAME

PLEASE PRINT YOUR NAME AS YOU WISH IT TO APPEAR IN OUR ANNUAL REPORT.

I WOULD LIKE TO CONTRIBUTE

\$10,000+ • BENEFACTOR'S CLUB \$1,483+ • THE GAP
\$ 5,000+ • CARMEL CLUB \$ _____ • CUB CLUB
\$ 2,500+ • FOUNDER'S CLUB

I DO NOT WISH MY NAME TO BE PUBLISHED IN THE ANNUAL REPORT.

I AM RETURNING MY CARD. MY FAMILY IS UNABLE TO CONTRIBUTE.