

Name(s): _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____
 Phone Number: _____



Gift Amount: I/We pledge \$ _____ to the Witness the Difference Campaign for McDonnell Area Catholic Schools to be paid over the next (circle one) **THREE or FIVE years.**

Please send annual pledge payment reminders. One time payment enclosed.

I/We will begin making payments: (month) _____ (year) _____

Please make checks out to: **MACS** (please note Witness the Difference in the memo line) 1316 Bel Air Blvd., CF, WI 54729

If you wish to pay by credit card or with securities transfers, please contact Jaynee Brannen, Director of Advancement at 715.723.0538 x3306

Thank you for your contribution. Please email this pledge card to: advancement@macs.k12.wi.us

Giving Plan for your Discernment			
Total Pledge	10% Down Payment	(36) Monthly	(60) Monthly
\$30,000	\$3,000	\$750	\$450
\$20,000	\$2,000	\$500	\$300
\$10,000	\$1,000	\$250	\$150
\$8,000	\$800	\$200	\$120
\$5,000	\$500	\$125	\$75
\$2,500	\$250	\$62.50	\$37.50
\$1,000	\$100	\$25	\$15

3 or 5 year Annual Giving Plan Option			
Total Pledge	10% Down Payment	3 Year Annual	5 Year Annual
\$30,000	\$3,000	\$9,000	\$5,400
\$20,000	\$2,000	\$6,000	\$3,600
\$10,000	\$1,000	\$3,000	\$1,800
\$8,000	\$800	\$2,400	\$1,440
\$5,000	\$500	\$1,500	\$900
\$2,500	\$250	\$750	\$450
\$1000	\$100	\$300	\$180