

# KUEMPER TOMORROW

## METHOD OF PAYMENT

Check/Cash (*payable to Kuemper Catholic School*)

Automatic Withdrawal

Visa or Mastercard (*circle one*)

Acct. #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Stock

Life Insurance

Grain/Commodities

My company, \_\_\_\_\_, will match my gift to the campaign

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

*Please return to: Kuemper Catholic School Foundation, 116 S. East Street, Carroll, IA 51401*

## SUGGESTED GIFT PLANS

	<i>3-Year Pledge</i>	<i>Monthly</i>	<i>Quarterly</i>	<i>Semi-Annual</i>	<i>Annual</i>
<input type="checkbox"/>	\$2,400	\$67	\$200	\$400	\$800
<input type="checkbox"/>	\$1,500	\$42	\$125	\$250	\$500
<input type="checkbox"/>	\$900	\$25	\$75	\$150	\$300
<input type="checkbox"/>	\$750	\$21	\$63	\$125	\$250
<input type="checkbox"/>	Other \$ _____ per month for _____ months beginning in _____ ( <i>month</i> ) of _____ ( <i>year</i> ).				

**TOTAL GIFT** \$

**PAYMENT ENCLOSED** \$

**BALANCE DUE** \$

Please send me

reminders:  Annually  Semi-annually  Quarterly  Monthly