



Classroom Campaign Pledge Letter

Donors are encouraged to make pledges over a period of no more than three years.

I/we commit to support the Grace School Classroom Campaign with a pledge of: \$_____.

\$_____ monthly for _____ months beginning _____.

\$_____ quarterly for _____ quarters beginning _____.

\$_____ annually for _____ years beginning _____.

\$_____ one-time gift on _____.

Please recognize me/us at the appropriate giving level:

- | | |
|--------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Member (\$100,000 and above) | <input type="checkbox"/> Sponsor (\$5,000 - \$9,999) |
| <input type="checkbox"/> Partner (\$75,000 - \$99,999) | <input type="checkbox"/> Friend (\$2,500 - \$4,999) |
| <input type="checkbox"/> Major Patron (\$50,000 - \$74,999) | <input type="checkbox"/> Affiliate (up to \$2,499) |
| <input type="checkbox"/> Patron (\$25,000 - \$49,999) | ___ Please treat this as an anonymous gift. |
| <input type="checkbox"/> Benefactor (\$10,000 - \$24,999) | |

Name of individual(s) contributing: _____

Name of corporation contributing (if applicable): _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Grace School is a nonprofit organization under section 501(c)(3) of the Internal Revenue Code.
All contributions are tax-deductible to the full extent allowable by law.

Payment Methods:

Check:

- Enclosed is my check in the amount of \$_____.
(Please make checks payable to Grace School)

Credit Card Authorization:

- Please charge \$_____ to my Visa Master Card American Express

Card Number: _____ Exp. Date: _____ Signature _____

Does your employer have a matching gift program? Yes No (If yes, please enclose your company's matching gift form.)

For more information on stock transfers, please contact
Shannon Woodruff, Director of Development, at 713.267.5033.

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