

CONTRIBUTION TO CARMEL

MOUNT CARMEL ACADEMY • ACADEMIC YEAR 2009-2010 • FISCAL YEAR 2010

MY CONTRIBUTION OF \$ _____ TO THE 2009-2010 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 '10		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, 2010.

MATCHING GIFT

IF YOUR EMPLOYER/YOUR SPOUSE'S EMPLOYER WILL MATCH YOUR GIFT, PLEASE GIVE COMPANY'S NAME & INCLUDE 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 DO NOT WISH MY NAME TO BE PUBLISHED IN THE ANNUAL REPORT.

I WOULD LIKE TO CONTRIBUTE

\$10,000+ • BENEFACTOR'S CLUB \$1,602+ • THE GAP

\$ 5,000+ • CARMEL CLUB \$ _____ • CUB CLUB

\$ 2,500+ • FOUNDER'S CLUB

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