

## **DONOR INFORMATION**

Name:					
Address:					
City:	Si	tate: Z	IP:		
Phone:		E-Mail:			
PLEDGE INFORMAT	ΓΙΟΝ				
It is my/our inter to be paid as foll		he <i>Athletic Comple</i> x	a & Underground Parking (	Garage a gift of: \$	
2021: \$	2022 \$	2023: \$	2024: \$	2025: \$	
I/We would like t	to make payments: Mo	onthly Quarte	rly Semi-annually	Annually	
	in: Month & Year				
I will make my in	itial payment of \$	by chec	<ul><li>Please mail checks, pay 728-21st Ave. East, Sea</li></ul>	yable to <b>Holy Names Aca</b> attle 98112, Attn: Develo	<b>demy</b> , to pment Office
I will make my ini	itial payment of \$	online (click	for secure payment site).		
My/Our employe	er		will match the gift	t.	
Please have the I	HNA Development Offi	ce send a statemen	t prior to each due date.		
GIFT ACKNOWL	LEDGMENT				
Please use the fo	llowing name(s) in all a	acknowledgements			
and mail the form to	· •	t Office, 728-21st A	an e-mail to development ve. East, Seattle, WA 9813 3. Thank you!		•
I/We will make every event of unforeseen		ope and timing of t	his commitment, but rese	rve the right to modify it	in the
event of unioneseem	circumstances.				
Signature(s):			Date: _		
If sending digital forn	n, please type full nam	e(s).			