

I PLEDGE MY SUPPORT TO THE
ST. PETER'S SCHOOL INDEPENDENCE CHALLENGE

\$3,000 \$2,400 \$1,800 \$1,500 \$900 \$500 Other _____

Name _____

Address _____

City _____

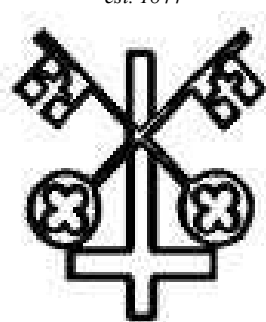
State _____ Zip _____

St. Peter's Class of _____

Phone _____

E-Mail _____

est. 1844



I will fulfill my pledge:

Annually

Monthly Amount \$ _____

Beginning on _____

Other _____

My gift will be matched by my employer or insurance company. My matching gift form is enclosed.

*Please make your check payable to **St. Peter's School Endowment Fund.***