

**DR. CARL DEMARKOWSKI
SCHOLARSHIP GIFT COMMITMENT**

Please accept my annual pledge to the Dr. Carl Demarkowski Scholarship

_____ \$5,000 _____ \$3,500 _____ \$2,500 _____ \$1,000
_____ \$500 _____ \$250 _____ \$100 OTHER \$ _____

I am making this annual pledge for _____ 2 years _____ 3 years _____ 5 years

TOTAL AMOUNT OF MY PLEDGE \$ _____

Enclosed is my gift of \$ _____

_____ Check Enclosed
_____ MC/VISA # _____ Exp. Date _____

Please send me pledge reminders _____ Annually _____ Quarterly
_____ Semi – Annually (in _____ and _____)

_____ I would like to make a gift in the form of appreciated assets. Please contact me.

_____ I have included St. John's Jesuit in my estate planning and would like to be a member of the Campion Society

_____ Please send me information regarding wills and estate planning

_____ My company has a matching gift program

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____ (Include in online alumni email directory? _____)

Signature

Date

Please provide the exact spelling for gift recognition purposes. If you wish the gift to remain anonymous, please state that. _____