



NOTRE DAME ACADEMY
Educating Women to Make a Difference in the World

EXCELLENCE WITHOUT BOUNDARIES EMPOWERING 21ST CENTURY WOMEN

I/We commit a total of \$ _____ in support of Notre Dame Academy.

This gift will be structured over a period of # _____ years, beginning: _____, _____.
(Month) (Year)

The gift fulfillment, by year, will be as follows:

2017 \$ _____ 2018 \$ _____ 2019 \$ _____ 2020 \$ _____ 2021 \$ _____

PAYMENT OPTIONS:

Personal Check, Credit Card, Electronic Fund Transfer or Sale of Securities

Preferred Payment Schedule: Annually Semi-Annually Quarterly Other _____

Personal Check – *Please make checks payable to Notre Dame Academy*

Credit Card MasterCard Visa

Account Number _____ CVV Number _____

Name on Card _____ Expiration Date _____

Electronic Funds Transfer – from my checking or savings account

Please deduct \$ _____ for # _____ payments for a total gift of \$ _____.

Sale of Securities – *Please contact the Notre Dame Academy Business Manager at 859.292.1845 concerning the sale of any security.*

My Company has a Matching Gift Program – please contact me directly to discuss.

Donor Signature

(Date)

Dr. Laura Koehl, President

(Date)

From time to time, Notre Dame Academy publishes the names of those who have contributed to the school in recognition of their gifts(s). Please print your name as you would like it to read in publications and other donor recognition material. If it represents a collective gift to Notre Dame Academy, you may indicate the family or business name.

Name as it will appear in Donor Recognition Material

If you prefer that your name not be listed, please place an "X" here ____.

**Please note that all gifts are tax-deductible to the fullest extent of the law.*

PLEASE MAIL THIS COMPLETED FORM TO:

Notre Dame Academy Advancement Office
1699 Hilton Drive
PARK HILLS, KY 41011

Race to the Finish!
Thank you for participating in the Sisterhood Match Program!