



COMPLEX UPGRADE

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:

2023 \$ _____ 2024 \$ _____ 2025 \$ _____

PAYMENT OPTIONS:

Personal Check, Credit Card, 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 AMEX

Account Number _____ CVV Number _____

Name on Card _____ Expiration Date _____

Sale of Securities – *Please contact Denise Bowman, Director of Development at bowmand@ndapandas.org for more information concerning the sale of any security.*

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

Donor Signature

(Date)

Jack VonHandorf, Principal/Interim President

(Date)

From time to time, Notre Dame Academy publishes the names of those who have contributed to the school in recognition of their gift(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.*