

Yes, I/We wish to support the Queen of Angels School Fund Drive, Partners in Excellence.

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Please bill me: _____ Monthly payments (ending in June) _____ One time
 _____ Other (please specify)

I would like to donate via my credit card: (circle one) Visa Mastercard
 Credit Card Number (optional): _____ Exp. Date: _____ **or**

Please telephone me at _____ for the card number and expiration.

Signature _____

Total Pledge: _____ *Enclosed:* _____

Please check the appropriate boxes:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	May we list your name in the Annual Report?
<input type="checkbox"/>	<input type="checkbox"/>	May we disclose the amount of your donation?
<input type="checkbox"/>	<input type="checkbox"/>	I wish to donate anonymously.
<input type="checkbox"/>	<input type="checkbox"/>	I work for a matching gift company (please include the appropriate form).
<input type="checkbox"/>	<input type="checkbox"/>	Please send information about Wills/Trusts/Planned Giving.

DONATION IN MEMORY OF: _____

Please make your tax-deductible check payable to: **Queen of Angels School PIE Fund.**
Mail this completed form to: Queen of Angels School PIE Fund, Development Office, 1007 S. Oak St., Port Angeles, WA 98362.

THANK YOU!