DONOR LEVELS OF PARTICIPATION		Yes, I / We wish to support the Annual Giving Program My / Our tax deductible gift is \$ Enclosed
Up to \$499	Connelly Friend	
\$500 – 999	Cardinal & White Sponsor	\$ Pledge to be paid by June 1.  Please send me  Monthly Quarterly reminders  Please charge my gift to  Visa  Master Card  AMEX
\$1,000 – 2,499	Broadway Benefactor	# Exp. Date Authorized Signature
\$2,500 - 4,999	Connelly Pacesetter	
	Cornelian Society	□ Matching gift form enclosed. □ My gift is in memory of □ Connelly is named in my will. Please enroll me in Connelly's Legacy Society. □ I am interested in planned giving opportunities.
Thank you for your tax deduction gift.  Please make checks payable to		☐ ☐ In the next Annual Report: ☐ Use my name as below
Cornelia Connelly School of the Holy Child		☐ List as anonymous
Each Gift is Appreciated!  Your gift to the Annual Giving Program shows Connelly "family" commitment, helping generate contributions from foundations and corporations.  NAME		
CITY		STATEZIP CODE
PHONE NUMBER (DAY)		(EVENING)
□PRES □GRAI □PARE	SENT PARENT: Student's Name _ NDPARENT: Grandchild's Name _	Maiden NameGrade Level meFRIEND