

Sacred Heart School Annual Pledge Drive 2009-2010
www.sacredheartfowler.org/School

Last Name _____ First _____

Address _____ City _____ State _____ ZIP _____

Total Pledge Amount: \$ _____ Phone _____

_____ One time donation

_____ Pledge each month quarter of \$ _____

Make checks for your tax deductible gift payable to: ***Sacred Heart School***

Please accept my gift from the heart for Sacred Heart School's continued success.

Signature _____

Date _____

**Please include this form and
mail or drop off your donation:**

Sacred Heart Church
107 E. Main Street
Fowler, IN 47944