

# Guardian Angel Fund

Donation / Pledge Form



## I Want to Extend Catholic Education

I understand that a Catholic education should be available to all children regardless of their ability to pay. In the tradition of Father Henry Kemper, I want to help students who otherwise would not be able to attend Notre Dame Catholic School. Please accept my gift toward the Guardian Angel Tuition Assistance Fund in the amount and means entered below.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### PAYMENT OPTIONS

- One-time gift via cash/check:** (circle one) of \$ \_\_\_\_\_ (make check payable to NDCS)
- Monthly/Annual gift:** (circle one) via check of \$ \_\_\_\_\_ for \_\_\_\_\_ mths/yrs (circle one) for a total gift of \$ \_\_\_\_\_ beginning on the following date \_\_\_\_\_
- Recurring gift via bank draft:** (please attach a voided check)

Name on account: \_\_\_\_\_

Monthly draft amount: \$ \_\_\_\_\_ for \_\_\_\_\_ months Account type:  Checking  Savings

Bank Routing #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

- One-time/Recurring gift:** (circle one) via credit/debit card:

Name as it appears on card: \_\_\_\_\_

- Check here if billing address is the same as mailing address and skip to Monthly charge amount

Billing Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly charge amount: \$ \_\_\_\_\_ for \_\_\_\_\_ months Card type:  MasterCard  Visa

Card #: \_\_\_\_\_ Exp Date: \_\_\_\_ / \_\_\_\_ CVV/PIN (on back of card): \_\_\_\_ \_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form with your payment to:  
Notre Dame Catholic School, Business Office, 907 Main Street, Kerrville, TX 78028

If you have any questions please contact:  
Notre Dame Church Financial Manager, Tracy Gourley, at 830-257-5961 or [tracy.gourley@notredamechurch.cc](mailto:tracy.gourley@notredamechurch.cc)