



ENROLLMENT-RENEWAL FORM

Shamrock Society

Members of the Shamrock Society play an integral role in the **St. Vincent-St. Mary High School** community by demonstrating a commitment to Catholic education and the mission of STVM. Membership is open to all individuals, companies and foundations who make a gift of \$1,000 or more to **The Fund for STVM** during the fiscal year. Members receive exclusive Shamrock Society e-mail correspondence with the most up to date information regarding activities, events and accomplishments throughout the year. At a fall reception, they receive an official donor recognition key for free admittance for two (2) to all theater and band performances and athletic events held on the St. Vincent-St. Mary campus. We continue to be grateful for the generosity and support of all who are members of the Shamrock Society.

Please accept my/our enrollment in the Shamrock Society as follows:

- | | | |
|-------------------------------------|--|-------------------------------|
| _____ \$50,000+ Trustees | _____ \$7,500-\$9,999 Patrons | _____ \$1,000-\$2,499 Members |
| _____ \$25,000-\$49,999 Benefactors | _____ \$5,000-\$7,499 Sponsors | |
| _____ \$10,000-\$24,999 Investors | _____ \$2,500-\$4,999 Irish Associates | |

GENERAL GIFT CLUBS

These gifts form the foundation of support for our efforts at **St. Vincent-St. Mary High School**. We are extremely grateful to all who participate in the life of STVM through a commitment to one of our gift clubs.

- | | |
|---|---|
| _____ \$500-\$999 Celtic Circle/Bells of St. Mary | _____ \$100-\$249 Clover Club/Crusader Club |
| _____ \$250-\$499 Irish Clan/Blue Book Patron | _____ \$50-\$99 Green and Gold Club |

Option 1:

Yes, I would like to make a total ONE TIME commitment to **The Fund for STVM** in the amount of \$_____.

Form of payment: Cash Check Credit Card

One time credit card payment:

MasterCard Visa Card # _____ Exp Date _____ CSC _____
Month/Year 3-digit code on back of card

Option 2:

Yes, I would like to make a total PLEDGE commitment to **The Fund for STVM** in the total amount of \$_____.

Form of payment: Cash Check Credit Card

MasterCard Visa Card # _____ Exp Date _____ CSC _____
Month/Year 3-digit code on back of card

I will pay my pledge as follows:

Bi-Annually I will make *two* payments of _____. Preferred dates of payment: _____

Quarterly I will make *four* payments of _____. Preferred dates of payment: _____

Monthly Indicate the *day of the month*: _____

Other Indicate preference of installments: _____

**A commitment pledge reminder will be mailed in advance according to your preferred schedule as noted above.*

Please make checks payable to **St. Vincent-St. Mary High School** and mail in. If you would like to consider a stock gift, please contact Ellen Cronin Zegarra VM92, Director of Advancement at (330)253-9113 x152.

Please indicate below how you would like your name to appear in acknowledgements:

Name: _____ School & Class Year: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred E-Mail address: _____ Preferred Phone #: _____

Occupation: _____ Job Title: _____

Please ask your employer about "Matching Gift" opportunities.

Please send me information regarding consideration of STVM in my estate plan

DONATE ONLINE NOW at www.stvm.com