



2018-2019 ENROLLMENT-RENEWAL FORM

SHAMROCK SOCIETY

St. Vincent-St. Mary High School is most appreciative of the generous, enduring support we receive from our alumni and friends. We rely on this support to assist in our mission of providing a comprehensive, rigorous Catholic education to each student. The **Fund for STVM** exists to support the future of St. Vincent-St. Mary High School and future generations of Irish young men and women. Your tax-deductible gift to **The Fund for STVM** supports the areas of greatest need at STVM, and directly impacts our ability to keep Catholic education as affordable as possible.

Every gift makes a difference! Please consider your annual gift to St. Vincent-St. Mary. Gifts of \$1,000 or more to **The Fund for STVM** qualify donors for membership in The Shamrock Society, a recognition club with benefits such as free admission for two to all home athletic events, theater and band performances, as well as a special fall reception which kicks off each new school year.

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

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

**ASK YOUR EMPLOYER ABOUT
"MATCHING GIFT" OPPORTUNITIES**

- \$1,000-\$2,499 Members
- Other

OPTION 1:

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

Form of payment: Cash Check (Please make payable to St. Vincent-St. Mary High School) Credit Card Donate online at www.stvm.com

One time credit card payment:

MasterCard Visa Card # _____ Exp Date _____ CSC _____
Month/Year 3 digits

OPTION 2:

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

Form of payment: Cash Check (Please make payable to St. Vincent-St. Mary High School) Credit Card Donate online at www.stvm.com

MasterCard Visa Card # _____ Exp Date _____ CSC _____
Month/Year 3 digits

- 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. If you would like to consider a stock gift or bequest pledge please contact Gino D'Andrea VM81, Director of Advancement, at 330.253.9113 x152.

A gift of any amount will make a difference at St. Vincent-St. Mary High School. Please complete and return this form with your tax-deductible donation to: St. Vincent-St. Mary High School, Attention: Advancement • 15 North Maple Street • Akron • Ohio • 44303

Name _____ School/Graduation Year _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____