

# Crusade for Excellence Fund

**Please complete this commitment form and  
return to the school office.**

\_\_\_\_\_  
Donor Name (please list your name how you would like it to appear in the Annual Report)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email

Please check all that apply:

Current Parent

Alumnus \_\_\_\_\_  
Graduation Year

Parent of Alumnus

Faculty/Staff

Friend of SMCS

Parishioner

St. Martha  
Catholic School



2411 Oak Shores • Kingwood, TX 77339  
[www.stmarthacs.org](http://www.stmarthacs.org)



*Give today and share in the  
development of mind, heart and spirit.*

### **Leadership Giving Levels**

- \$15,000+      Vine & Branch Society
- \$10,000 to \$14,999      St. Martha Legacy Society
- \$5,000 to \$9,999      Sword & Shield Society
- \$2,500 to \$4,999      Msgr. Borski Society
- \$1,000 to \$2,499      Cross & Crown Society

### **General Giving Levels**

- \$500 to \$999      Heart & Spirit Society
- \$250 to \$499      Faith & Knowledge Society
- Up to \$249      Crusader Society

#### **GIFT INFORMATION:**

- I/we would like to make a one time gift in the amount of: \$ \_\_\_\_\_
- I/we would like to make a commitment in the amount of: \$ \_\_\_\_\_
- Monthly
- I/we will make \_\_\_\_\_ installments of \_\_\_\_\_ each
- Start date: \_\_\_\_\_
- (All payments are due by June 30)
- Anonymous Gift
- Gift in Memory of: \_\_\_\_\_
- Gift in Honor of: \_\_\_\_\_

### **Double the Power of Your Gift**

If your company has a matching gift program, your contribution could be doubled.

- Matching Gift (enclosed is my company's matching gift form)
- My company's matching gift will be submitted at a later date
- Company \_\_\_\_\_
- Enclosed is my check (made payable to St. Martha Catholic School)
- Charge my credit card
- VISA     MasterCard     Discover     American Express

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Credit Card Number                      Expiration Date              Security Code

\_\_\_\_\_  
Billing Address (if different from reverse side)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Signature

Thank you for supporting the **Crusade for Excellence Fund!**  
All gifts received by June 30 will be acknowledged in the next year's  
Annual Report. Gifts are tax deductible to the extent allowed by law.