



ST. GILES
S C H O O L

1034 Linden
Oak Park, Illinois 60302-1351
(708) 383-6279

The Margaret Stewart Tuition Assistance Fund

NAME _____

ADDRESS,CITY,ZIP _____

EMAIL _____

DAYTIME PHONE _____

I am happy to help a current St. Giles family continue their children's education at our parish school with my gift of \$ _____.

____ I have enclosed my donation for the 2010-11 school year.

____ Below are the terms of my pledge.

How many payments you would like to make between now and June 2011: _____

Please indicate how often (i.e. monthly, quarterly, weekly): _____

Please indicate how you would like to make your payment(s):

____ Check

____ I authorize you to charge my credit card for the amount of \$ _____.

____ Payable in full. ____ Follow the guidelines for payments above.

Type of Card: (circle one) Visa Mastercard American Express Discover

Name and Address on credit card(if different)

Number on credit card

Expiration date: _____
Last 3 digits on the back of the card: _____

Reminders will be sent by email. Please complete your email address above to receive a reminder.

Please return to MSTAF-- St. Giles Parish School Development Office, 1034 Linden, Oak Park IL 60302. You may include a first payment. We kindly ask that pledges are paid by the end of the next fiscal year, June 30, 2011. May God bless you for your generosity. Thank you.