



THE EAGLE LEGACY FOUNDATION

RESURRECTION CATHOLIC SCHOOL

OUR LADY OF VICTORIES SACRED HEART ST. PETER

Donation Pledge Form

Donor(s): _____

Business Name (if applicable): _____

Address _____

City, State, Zip _____

Phone/Email _____

TERMS OF PLEDGE

Total Amount of Pledge: \$ _____

Pledge to be paid as follows:

___ I am supporting this campaign today with a one-time gift of: \$ _____

___ Single year payment of pledge: \$ _____

___ Multiple year payment of pledge: \$ _____

Beginning on (date): _____ To be paid over (yrs.): _____

Please bill me: Annually ___ Monthly ___ Quarterly ___ Other: _____

MY PRIORITY FOR THE USE OF MY GIFT:

___ Area of greatest need

___ Academics

___ Athletics

___ Technology

___ Capital Improvement and Infrastructure

METHOD OF PAYMENT(S)

Check payable to: The Eagle Foundation

Planned Gifts and Stock: Please contact The Eagle Legacy Foundation for more information

PUBLIC RECOGNITION

The Eagle Legacy Foundation may publicly acknowledge my commitment: ___ Yes ___ No

This gift commitment is made in honor/memory of: _____

Please return this form to:
The Eagle Legacy Foundation
520 Watts Avenue
Pascagoula, MS 39567

For more information, email us: eaglefoundation@rcseagles.com