



Cardinal Newman School Capital Campaign
Our School Our Children Our Hope
On-Line Donation Form

Enclosed is my contribution of \$ _____

Paid by Cash Check VISA Mastercard

Card # _____

CVS# _____ Exp. Date _____

Name on Card _____

Signature _____

Check # _____ Made Payable to Cardinal Newman School

I pledge a total gift of \$ _____ to the Cardinal Newman Capital Campaign

(Payments for pledged gifts can be made over a maximum five year period)

Payments will be made in _____ installments beginning _____.

Bill me Annually Quarterly Monthly

Name Mr. Mrs. Ms. Mr. And Mrs. Dr. And Mrs. Mr. and Dr. Dr. and Dr.

Address _____

City/State/Zip _____

Phone: (H) _____

(W) _____

E-mail _____

Signature (s) _____

Date _____

Date _____

For Recognition, please print my name as follows: _____

This gift is in Memory of Honor of: _____

Send acknowledgment to: _____

Address _____ City/State/Zip _____

My company will match this donation. I have attached the required form.

Send to: Cardinal Newman School Capital Campaign • 2945 Alpine Road • Columbia, SC 29223

Phone: 803-782-2814 FAX: 803-782-9314 Email: thodaly@cnhs.org