

*Thank you!*  
Your contribution makes a difference  
in the lives of all of our students  
at St. Michael the Archangel School.

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*First-class  
postage  
required*  
**THANK  
YOU!**

**St. Michael the Archangel School Fund**  
c/o St. Michael the Archangel School, Advancement Office  
5040 St. Josephs Rd  
Coopersburg PA 18036

# St. Michael the Archangel School Fund

We are very grateful to all who choose to support our mission by making St. Michael the Archangel School a priority.

Your gift is evidence of your commitment to a Catholic School education and a vote of confidence in our efforts.

Each tax-deductible gift has a meaningful impact on every aspect of our school and all those who work and study here.

<b>Spirit of St. Michael Society</b>	
Legacy	\$5,000 and up
Shield (full scholarship)	\$4,000- \$4,999
Angel	\$3,800- \$3,999
Excalibur	\$2,500 - \$3,799
Knight's Circle	\$1,000 - \$2,499
Sword	\$500 - \$999
Blue and White	\$250 - \$499
School Spirit	\$100 - \$249
Friend	up to \$99

- I would like to make a gift of \$\_\_\_\_\_.
- I would like to pledge an amount of \$\_\_\_\_\_ payable in \_\_\_\_ (number of installments)
- I would like to have the Advancement Office contact me for more information on giving.

**Please make checks payable to St. Michael the Archangel School**  
*All donations received after June 30 will be applied to the next fiscal year.*

My Company will match my gift.

Company Name \_\_\_\_\_

Address \_\_\_\_\_

*\* May we help you with your employer's "Matching Gift" opportunities?  
 Please contact the Advancement Office at 610-965-4441 for more information.  
 Please visit our website [www.st-mikes.com](http://www.st-mikes.com) if you would like to make an on-line donation.*

**Please fill out ALL information with your preferred name on our Annual Fund Report.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

*\*This gift is in memory of \_\_\_\_\_ In honor of \_\_\_\_\_*

I am a  Parent (Class of \_\_\_)  Grandparent (Class of \_\_\_)  Alumnus (Class of \_\_\_)  Parishioner  Friend

*\*Is this an anonymous donation?*  Yes  No

**St. Michael the Archangel School accepts VISA, Mastercard, Discover, and American Express for donations.**

Check One:  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Check # \_\_\_\_\_ Date added in database \_\_\_\_\_ Date Thank You note sent \_\_\_\_\_