



# WALLA WALLA CATHOLIC SCHOOLS CORPORATE COMMITMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name to be used for Recognition: \_\_\_\_\_

**PAYMENT:** It is my/our intent to fulfill this gift as follows:

Check (Enclosed) Payable to: Walla Walla Catholic Schools

Please Bill Me

Credit Card:

Visa

MasterCard

Discover

American Express

One-time gift payable on \_\_\_\_\_

Equal Monthly Payments\*\* (starting \_\_\_\_\_) installments will end June 30, 2021

(\*\*Monthly credit card processing occurs on the 15th of each month)

**Print name**

(As shown on card) \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for your 3 year commitment.

Internal Use /Staff Review

<b>\$20,000 LEADERSHIP LEVEL Partner Fund Distribution</b>	<b>\$10,000 CHAMPION LEVEL Partner Fund Distribution</b>	<b>\$5,000 ADVOCATE LEVEL Partner Fund Distribution</b>
<b>Greatest Need \$10,000</b>	<b>Greatest Need \$5,000</b>	<b>Greatest Need \$2,500</b>
<b>Sausage Fest \$4,000</b>	<b>Sausage Fest \$2,000</b>	<b>Sausage Fest \$1,000</b>
<b>Hope Auction \$4,000</b>	<b>Hope Auction \$2,000</b>	<b>Hope Auction \$1,000</b>
<b>Booster Club \$2,000</b>	<b>Booster Club \$1,000</b>	<b>Booster Club \$500</b>

*Thank you for Supporting Walla Walla Catholic Schools!*