



# GUARDIAN OF THE SHIELD

## AGREEMENT

Our goal is to secure 100 Guardians by October 1. Please submit this form today so you can be part of that number!

### DONATION OPTIONS:

#### OPTION 1:

A single donation of:

- \$500: BRONZE (The 'Game Day')
- \$1000: SILVER (The 'Original')
- \$1500: GOLD (The 'Super Sponsor')
- \$2000: PLATINUM (The 'Top DAWG')

#### OPTION 2:

Seven monthly donations (from October-April) to fulfill your level of giving. Suggested monthly amounts are:

- \$72/month: BRONZE (The 'Game Day')
- \$143/month: SILVER (The 'Original')
- \$215/month: GOLD (The 'Super Sponsor')
- \$286/month: PLATINUM (The 'Top DAWG')

1 payment of \$ \_\_\_\_\_

check enclosed

charge my card

number \_\_\_\_\_

code \_\_\_\_\_ exp date \_\_\_\_\_

7 monthly ACH payments from checking/savings account

*(Automatic withdrawals will be made on the 7th of each month, October through April. Please complete ACH withdrawal form on reverse if selecting this option.)*

I am unable to make a full Guardianship commitment at this time. Please accept my donation to support this program.

-----  
NAME

-----  
ADDRESS

-----  
CITY, STATE

-----  
ZIP

-----  
EMAIL

-----  
PHONE

-----  
DONOR NAME

to be listed on webpage

-----  
PAY IT FORWARD

please give my keytags to:

Aquin can decide

I agree to the terms and conditions of this agreement and understand that I will be supporting Aquin Schools with my donation.

#### Office use Only

Date Received \_\_\_\_\_

Payment Info \_\_\_\_\_

Shield Number \_\_\_\_\_



# AQUIN

SCHOOLS

## 2019-20 Automatic Payment Release

I authorize Aquin Catholic Schools to initiate entries to my checking/savings account. This authority will remain in effect for the dates as specified below. I can stop payment on any entry by notifying Aquin Catholic Schools 5 days in advance of the due date.

-----  
Name of Financial Institution

-----  
City

-----  
State

-----  
Signature

-----  
Print Name

-----  
Print Address

Account No \_\_\_\_\_

Account Type:      Checking                  Savings      (please circle one)

Financial Institution Routing Number \_\_\_\_\_  
(between the symbols I: I: on the bottom left of your check)

On \_\_\_\_\_, I authorize

**Aquin Catholic Schools . 1419 S. Galena Ave . Freeport, IL 61032 . Phone 815-235-3154**

to initiate electronic entries to my checking/saving account and have agreed to the terms list on the authorization. I can revoke my authorization with you at any time by writing to the address above (or email) to be received by Aquin Catholic Schools 5 days in advance of the specified date.

Payment amount: \$ \_\_\_\_\_

Start date \_\_\_\_\_

\_\_\_\_ Monthly

\_\_\_\_ Bi-Monthly

Termination Date \_\_\_\_\_