



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 _____



AQUINO

SCHOOLS

2018-19 Automatic Payment Release

I authorize Aquino 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 Aquino 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 |: |: on the bottom left of your check)

On _____, I authorize

Aquino 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 Aquino Catholic Schools 5 days in advance of the specified date.

Payment amount: \$ _____

Start date _____

____ Monthly ____ Bi-Monthly

Termination Date _____