



*Saint Michael Academy
Endowment Fund Pledge*

Name:

Address:

City:

State:

Zip Code:

Signature:

Date:

Please Make Checks Payable to:

St. Michael Academy Endowment Fund

Mail to: 228 North 4th Street Fernandina Beach, FL

I / We pledge \$ _____ to the St. Michael Academy
Endowment Fund.

Amount Enclosed \$ _____

Balance Due \$ _____

Pledge Balance Due by November 1, 2008

Payable as follows:

___ Monthly

___ Quarterly

___ Semi or
Annually

Over:

___ 1 Yr.

___ 2 Yrs.

___ 3 Yrs.