



Our Lady of the Assumption Catholic School



2017-2018 Annual Fund Giving Form

1320 Hearst Drive NE ~ Atlanta, GA 30319 ~ www.olaschool.org

Your promise of prayers and gifts directly benefit your children at OLA. Your prayers are important as they nourish our spirit and show support for our goals. Your financial gifts are important as they cover the tuition gap, provide classroom and facility improvements, and sustain our scholarships. All gifts are 100% tax deductible.

Thank you in advance for your gifts and prayerful support!

YOUR PROMISE HELPS US KEEP OUR PROMISE!

I/We promise to pray for the well-being and success of the OLA Community.

Total Gift to 2017-18 Annual Fund: \$ _____
Preferred Payment Options: FACTS or checks are the preferred form of payments for parents as neither the school nor parents will incur any service charge.

Check
 Enclosed Check #: _____ Date: _____/_____/_____
 Pledged ~ **balance due before June 30, 2018**

F.A.C.T.S. (select your payment schedule below)
Charge \$ _____ to my FACTS account during the following month(s) (circle): *Sept. Oct. Nov. Dec. 2017; Jan. Feb. Mar. April May June 2018.*

Signature: _____

Additional Payment options:

- Payroll Deduction Program through your employer:**
Date: _____
- Credit Card - Online Giving at www.olaschool.org**
Select "Give to OLA" option then "Make a Donation"
- Gift of Stock :** Email gdelmonte@olaschool.org for a Stock Transmittal Form

Major Giving Levels

- Our Lady of Assumption Circle: \$5,000 and up
- Sisters of Mercy Circle: \$3,500 to \$4,999
- Society of Marist Circle: \$2,500 to \$3,499
- Msgr. Joseph Moylan Circle: \$1,500 to \$2,499
- Sister Mary Trapani's Cornerstone: \$800 to \$1,499

Corporate Matching Funds are available from:

Please check the fund(s) you would like to support:

- Unrestricted Fund (where needed most)

Scholarship Funds:

<input type="checkbox"/> Dr. Joan M. Tiernan	<input type="checkbox"/> Bennie Paris Smith
<input type="checkbox"/> Kelly S. Black	<input type="checkbox"/> Connor Caracappa
<input type="checkbox"/> Carole Skeen	<input type="checkbox"/> Sara Graf (teachers)
<input type="checkbox"/> Georgia Pierce	<input type="checkbox"/> Patricia Dendy
<input type="checkbox"/> Kyle Sandek	

Please print your name(s) below as you wish it to appear in the 2017-2018 Annual Report:

Name: _____ Today's Date: _____

Address: _____

City / State / Zip Code: _____/_____/_____

Primary Telephone: _____ Email: _____

Please indicate your affiliation(s) with OLA Catholic School:

- Current Parent Faculty / Staff OLA Parishioner Parent of Alumnus OLA Pre-School Family
- Alumnus, Class of _____ /maiden name: _____ Corporation Other _____
- Grandparent (list grandchildren at OLA): _____