STUDENT LAST NAME	STUDENT FIRST NAME

PARENT PLEDGE FORM

Plea	ise	che	eck one of the following levels:		
	We pledge \$2500 per year (\$208.33 per month)				
	We pledge \$1876 per year (\$156.33 per month) (Ambassadors' Club) Gifts at this level or higher receive special recognition. 1876 represents the year of the school's founding.				
	We pledge \$1000 per year (\$83.33 per month)				
	We	Ve pledge \$500 per year (\$41.66 per month)			
	We pledge \$per year.				
		Gi	fts to the Parent Pledge Program are 100% tax-deductible.		
		Ple	ase check how you will support CBHS:		
			ANNUALLY: Your pledge will be processed once a year.		
Details			QUARTERLY: Your pledge will be processed in four equal installments.		
eta	MONTHLY: Your pledge will be processed in 12 equal monthly installments.				
			OUR CHECK IS ENCLOSED/ please send future reminders. PLEASE CHARGE MY CREDIT CARD		
			Upon receipt, your first payment will be processed immediately unless otherwise indicated.		
			questions regarding your participation in the Parent Pledge Program, please contact Joanne McShane, nt Giving, at 916-733-3643 or jmcshane@cbhs-sacramento.org.		
Name	as it	ар	pears on card:		
Card Number:			: Expiration Date:		
Card	Billing	g Ac	ddress:		
Signature: Date:					
Email:	Email:Code:				
My	/ emp	oloye	er has a matching gift program Matching gift form enclosed Matching gift form will follow.		
Thank	you	so r	nuch for you support!		