

Since



1961

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## ACCEPTANCE FORM

**YES! I'll Become a Sustaining Member!**

Please complete and return to the address below.

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/STATE/ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### PAYMENT FREQUENCY and AMOUNT:

( ) Monthly. Payment will always be debited on the 15<sup>th</sup> of the month. Please deduct \_\_\_\_\_ every month.

( ) Quarterly. Payment will always be debited on March 15, June 15, September 15, and December 15.

Please deduct \_\_\_\_\_ every quarter.

### PAYMENT METHOD: Please choose payment option and complete pertinent information.

( ) Option 1: CREDIT CARD	( ) Option 2: CHECKING ACCOUNT
Credit Card: ( ) VISA ( ) MasterCard ( ) Discover ( ) Amex  <b>DEBIT/CREDIT CARD NUMBER:</b> _____ <b>EXP. DATE:</b> _____ <b>NAME AS IT APPEARS ON CARD:</b> _____ <b>BILLING ADDRESS FOR CARD:</b> _____ <b>CITY/STATE/ZIP:</b> _____	( ) Enclosed is a personal check with my monthly contribution amount noted on the check, <b>OR</b> ( ) My debit card information is below.  <b>BANK INSTITUTION:</b> _____ <b>CHECKING ACCOUNT NO.:</b> _____ <b>ROUTING NO.:</b> _____

**PLEASE APPLY MY DONATION TO THE:** ( ) Handicap-Accessible Building Project ( ) General Fund

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### TERMS OF AGREEMENT.

Your authorization to charge your credit/debit card or withdraw from your checking account shall remain in effect until you notify St. Elizabeth School IN WRITING that you wish to end this agreement and St. Elizabeth School has had a reasonable amount of time to act on your request. A record of each payment will be included on your monthly credit card statement and will serve as your receipt. Please notify the Development office at (410) 889-5054 ext. 1152 if your credit/debit card has expired, you prefer to have your contribution originate from a different card, or would rather participate via your checking account. Your annual membership is ongoing. You may suspend your monthly payments at any time by calling (410) 889-5054 ext. 1152 or faxing a note to (410) 889-2356, attn.: Development. You may also increase or decrease your monthly payments by sending written authorization to:

**St. Elizabeth School, Attn: Development**  
**801 Argonne Drive, Baltimore, MD 21218**  
**Phone: (410) 889-5054 \* Fax: (410) 889-2356**