



Pius X High School Pius X Foundation

6000 A St. ~ Lincoln, NE 68510
402.488.1046 ~ piusx.net



RECURRING GIFT COMMITMENT

Donor Information:

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home: _____ Cell: _____ E-mail: _____

Business Name: _____ Does your company match gifts: **Y or N**

Business Address: _____ Business Phone: _____

Donation:

Monthly recurring gift amount: \$ _____

Fund: Endowment Fund for Pius X (annual fund) High School
 Vince Aldrich Memorial Fund Larry Arth Endowed Fund
 Band Endowment VanDersarl Endowment for Science & Music
 Varner Endowment for Art/Fine Arts Scholarship _____
for a list of scholarship names, go to piusx.net/foundation

Processed on or after the: **15th of each month** Beginning: _____
month/year

My gift is in memory of: _____ My gift is in honor of: _____

Donate by automatic withdrawal from your checking or savings account -

Name(s) on account: _____ Bank Name: _____

Routing Number: _____ Account Number: _____

Bank Account: Checking (please include voided check) Savings

I authorize the Pius X Foundation to automatically charge or withdraw a recurring contribution from my account for the amount indicated above. This authorization will remain in effect until I notify Pius X Foundation in writing or by e-mail that I wish to end this agreement. Please allow a minimum of 5 business days notice to process your request and/or revoke any recurring gift.

Signature: _____ Date: _____

Please sign and return this agreement to the Pius X Foundation in the enclosed return envelope.