



**Rouff Catholic High School
Annual Fund
Commitment Form
(July 1-June 30)**

Name: _____ Class _____

Spouse: _____ Class _____

Address: _____

Email: _____

Yes! I will support Rouff students and Catholic education with my tax-deductible gift of \$_____. With this donation/commitment, I will become a member of the:

- Rouff Family Society -- \$5,000 or more
- Board's Society -- \$2,500-\$4,999
- Principal's Society -- \$1,000-\$2,499

- Rocket Gold Club -- \$500-\$999
- Rocket Silver Club -- \$250-\$499
- Rocket Bronze Club -- \$100-\$249
- Friends of Rouff -- \$1-\$99

My gift is enclosed. (Please make checks payable to Rouff Catholic High School or RCHS.)

Remind me: ___ monthly; ___ quarterly; ___ Dec. & June; ___ Other _____

Charge my credit or debit card (select one):

MasterCard

Visa

Discover

American Express

Card Number: _____ Expiration Date: _____

Name on Card: _____

One-time charge amount \$ _____

--OR--

Monthly payments of \$ _____ on the _____ day of the month

for _____ months or _____ until I request it to be cancelled.

Begin first payment on _____.

(Date)

My/my spouse's company will match my gift. The matching form is enclosed.

List my gift anonymously: YES NO

Please return this form to the Rouff Development Office.