



Giving to Logos School

Thank you for your interest in making a gift to Logos School! Simply print and fill out the form below.

All gifts are tax-deductible.

Personal Information

Enter your name:

Prefix: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Maiden *or*

Former Name: _____

Enter your address:

Home Address: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Enter your relationship to Logos School:

Alumnus/a - Please specify class year: _____ (yyyy)

Parent

Friend

Parent of Alumnus/a - Student Name and class year: _____

Staff *For Payroll deduction, Call: 314.997.7002 x107*

Student

Enter your e-mail address (for gift confirmation):

Spouse Information

Enter spouse information:

Spouse First Name: _____

Spouse Maiden *or*

Former Name: _____

Is your spouse an Alumnus/a? Yes No

If yes, please specify class year: _____ (yyyy)

Employer Information

Enter your employer information:

Employer: _____

Job Title: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Does your (or your spouse's) company have a matching gift program?

Enter matching gift information:

My/My spouse's company: _____

Please mail all matching gift forms to:

Logos School

9137 Old Bonhomme

St. Louis, MO 63132

Gift Information

You may choose up to two areas of support:

1st Designation: _____

Amount: \$ _____

Fund: _____

2nd Designation: _____

Amount: \$ _____

Fund: _____

In Memory or In Honor of:

In Memory of: Name _____

In Honor of: Name _____

**Please send acknowledgement of this gift to
(the amount of the gift will not be included):**

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

For gifts greater than \$10,000 please contact Cindy Price, Executive Assistant at Logos School at cprice@logoschool.org or phone 314.977.7002 x118

Payment Method

Choose your payment method:

CREDIT CARD:

Type of Card: MC VISA
 AMEX Discover

Card Number: _____

Verification Number*: _____

Expiration Date: _____

Name on Card: _____

SEND ME PLEDGE REMINDERS:

Pledge Duration: 1 YEAR 2 YEARS 3 YEARS

Reminder Start Date: _____

Reminder Frequency: One-Time Semi-annually

Monthly Annually

Quarterly

*For your protection, we require use of credit card identification numbers for all transactions. These 3 or 4-digit codes can be found on the back (usually in the signature blocks) of Visa and MasterCard credit cards and on the front of American Express cards. They are known by various names, including CID, CVV2, and CVC2.



GIVE BY MAIL:

I will mail my check or credit card information.

Print and complete this form and mail to:

Logos School
9137 Old Bonhomme
St. Louis, MO 63132

GIVE BY FAX:

Print and complete this form and fax to:

Office of Advancement
314.997.6848

Comments:

Please call us with questions at 314-997-7002 x 118.

**Thank you for your gift to Logos
School!**