



# 2018-2019 FACTS Billing Authorization

Donor Name/s: \_\_\_\_\_

## Honoring Our Past, Living Our Mission, Building Our Future- The Campaign for SJE

Capital Campaign Total Pledge: \$ \_\_\_\_\_

Month/Year to Start: \_\_\_\_\_

Month/Year to end: \_\_\_\_\_

Capital Campaign Monthly Contribution: \$ \_\_\_\_\_

I hereby authorize the above amount to be charged to my FACTS account for the time referenced above. I further understand that St. John the Evangelist Catholic School will use the funds to fulfill my Capital Campaign pledges.

Donor signature: \_\_\_\_\_

\_\_\_\_\_ Date