



2017-2018 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