



# St. Mary Parish School

## 2023 Pledge to Support Operating Fund

### Annual Pledge:

St. Mary Parishioners subsidize the St. Mary Parish School nearly \$1 million per year. To be eligible for the continued parish subsidy you must be a registered parishioner and renew your pledge to the Parish Operating Fund every January.

### Parent Responsibility:

I/We understand that tuition rates do not cover the entire cost to educate a child. The Parish pays approximately \$2,500 per student, per year. This is done to welcome your family into the Parish Community and **to help your children thrive in their Catholic Faith**. As a condition of receiving the parishioner subsidized tuition rate, parish families with students in the school have always been expected to participate in our community through their stewardship to the parish.

By signing below, I agree to:

- Be registered Parish Members
- Attend Sunday Mass
- Volunteer my time in school and parish ministries and service opportunities.
- Pledge to give annually to the Parish and fulfill that pledge. We strongly suggest a minimum contribution of **\$1,000 per family**, per year, toward the Parish Operating Fund.

<p><b>Parish Support:</b></p> <p>Through the generosity of parishioners like you, St Mary Parish invests over <b>\$2,500 per student per year</b> in your child's spiritual, academic, and social development. By the time your child graduates 11 years after coming to St. Mary Parish School, the Parish investment is almost <b>\$30,000 per child</b>. Your child's faith is worth it. For the Parish to sustain this loving gift, we need everyone's participation in the Parish's mission to form Disciples of Christ in our School.</p>	<p style="text-align: center;"><b>Our Pledge to St Mary Parish Operating Fund:</b></p> <p><b>Check 1, 2 or 3:</b></p> <p>1. _____ I/we have <b>already made a pledge</b> in January of 2023 to the Parish Operating Fund and are receiving monthly statements acknowledging our pledges and contributions.</p> <p><b>OR</b></p> <p>2. _____ I/we now pledge to the Operating Fund of St. Mary Catholic Faith Community in the amount below for January 1, 2023 through December 31, 2023</p> <p style="padding-left: 40px;">\$ _____ per month (suggested <b>minimum</b> \$83)</p> <p style="padding-left: 40px;">\$ _____ per year (suggested <b>minimum</b> \$1,000)</p> <p><b>OR</b></p> <p>3. _____ I/We are cannot afford to give at the suggested minimum levels right now, but I/we can make a commitment of:</p> <p style="padding-left: 40px;">\$ _____ per month / year (Circle one)</p> <p><b>For new pledges, I/We will give by:</b></p> <p> <input type="checkbox"/> ACH Form on <input type="checkbox"/> One Time <input type="checkbox"/> Credit Card with Online Giving  <b>Back Page</b>                      Check                      (<a href="http://stmaryhc.org/give">stmaryhc.org/give</a>) </p>
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By enrolling in St. Mary Parish School, I/we accept full financial responsibility for the payment of all tuition and fees due and that a change in my personal financial condition will not alter or negate this financial responsibility. Parishioners may apply for Financial Assistance by June 1, 2023.

\_\_\_\_\_  
Parent Guardian 1                      Signature

Print Family Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian 2                      Signature



# St. Mary Parish School

**ST. MARY OPERATING FUND**  
**CONTRIBUTION AUTHORIZATION FORM**  
 9520 W. FOREST HOME AVENUE  
 HALES CORNERS, WI 53130  
 PHONE: 414-425-2174

**FOR AUTOMATIC MONTHLY CONTRIBUTIONS FROM CHECKING AND SAVINGS**

Last Name		First Name	
Address			
City		State	Zip
Email Address		Phone No (    )	
Effective date of authorization: ____/____/____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
DATE OF FIRST DONATION:	FREQUENCY OF DONATION:	FUNDS:	AMOUNTS:
	<input type="checkbox"/> Semi-Monthly – 1 <sup>st</sup> and 15 <sup>th</sup> <input type="checkbox"/> Monthly on the 1 <sup>st</sup> of the month <input type="checkbox"/> Monthly on the 15 <sup>th</sup> of the month	<input type="checkbox"/> Operating Fund <input type="checkbox"/> Building Repair Fund <input type="checkbox"/> _____ <p align="right"><b>Total</b></p>	\$ _____ \$ _____ \$ _____ \$ _____
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)		Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: _____ 
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.  Authorized Signature: _____ Date: _____		
<b>FOR OFFICE USE ONLY</b>		<b>ENVELOPE/DONOR #</b>	<b>DATE PROCESSED</b>

*If using a checking account, please ATTACH A VOIDED CHECK here. In lieu of a check, you may attach a photo of your deposit slip or bank statement to verify your routing and account numbers.*