



St. Mary Parish School

2026 Pledge to Support Operating Fund

Annual Pledge:

To be eligible for the parish subsidized tuition rate, you must be a registered parishioner and renew your annual pledge to the St. Mary Operating Fund every January (or be signed up for a monthly ACH donation).

Parent Responsibility:

I/We understand that a St. Mary education costs about \$7,900 per student while the tuition I/We pay covers only about \$4,700 per student. **The difference between the cost and tuition I/We pay (\$3,200) comes from the efforts of our St. Mary Community.** Given all our community does to support our children, parish families with students in the school have always been expected to participate in our community through their stewardship to the community.

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 **\$1,200 per family**, per year, toward the St. Mary Operating Fund.

Financial Support:

Through the generosity of our community, St Mary's invests in my child's spiritual, academic, and social development. By the time my child graduates, our St. Mary Community spends over **\$36,000 per child above what I/We pay in tuition.** I/We understand that for the community to sustain our school, everyone's long term commitment to remain actively engaged in our community is critical.

Our Pledge to the St Mary Operating Fund:

Check 1, 2 or 3:

1. _____ I/we have **already made a pledge** in January of 2026 to the St. Mary Operating Fund and are receiving monthly statement letters acknowledging our pledges and contributions.

OR

2. _____ I/we now pledge to the Operating Fund of St. Mary Catholic Faith Community in the amount below for January 1, 2026 through December 31, 2026

\$_____ per month (suggested **minimum** \$100)

\$_____ per year (suggested **minimum** \$1,200)

OR

3. _____ I/We are cannot afford to give at the suggested minimum levels right now, but I/we can make a commitment of:

\$_____ per month / year (Circle one)

For new pledges, I/We will give by:

- ☐ ACH Form on **Back Page** ☐ One Time Check ☐ Credit Card with Online Giving (stmaryhc.org/give)

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, 2025.

Parent Guardian 1

Signature

Print Family Name: _____
Address: _____

Parent Guardian 2

Signature



St. Mary Parish School

2026 Pledge to Support Operating Fund

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 OR 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: <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st of the month <input type="checkbox"/> Monthly on the 15 th of the month	FUNDS: <input type="checkbox"/> Operating Fund <input type="checkbox"/> Building Repair Fund <input type="checkbox"/> _____ Total	AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____
CHECKING / SAVINGS	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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ Routing Number Account Number Check 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: _____		
FOR OFFICE USE ONLY		ENVELOPE/DONOR #	DATE PROCESSED

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.