

SAINT LOUIS SCHOOL
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Honolulu, HI 96816-1579
(808) 739-4862
(808) 739-4780 fax

SLS Class of '62

Name

Fund Name

Street

City

State

Zip

Home Phone

Business Phone

E-mail Address

I/We would like to make a pledge to Saint Louis School of \$_____. Please debit my credit card for \$_____, every month/quarter/semi-annually/annually. Please enter credit card info below.

Enclosed is my/our gift of \$_____ (Make checks payable to Saint Louis School).

I/We would like to make a gift of \$_____. Please charge my credit card.

Mastercard/Visa/AMEX number _____

Expiration Date _____ Name on Card _____

Signature

Date