



## Giving to Logos School

Thank you for your interest in making a gift to Logos School! Simply print and fill out the form below.

**All gifts are tax-deductible.**

### Personal Information

1. Enter your name:

Prefix: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Maiden *or*

Former Name: \_\_\_\_\_

2. Enter your relationship to Logos School:

Alumnus/a Please specify class year: \_\_\_\_\_ (yyyy)

Parent

Friend

Faculty *For Payroll deduction, Call: 314.997.7002 x107*

Staff

Student

3. Enter your address:

Home Address: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

4. Enter your Social Security Number: \_\_\_\_\_

5. Enter your e-mail address (for gift confirmation):

\_\_\_\_\_

### Spouse Information

6. Enter spouse information:

Spouse First Name: \_\_\_\_\_

Spouse Maiden *or*

Former Name: \_\_\_\_\_

Is your spouse an Alumnus/a?  Yes  No

If yes, please specify class year: \_\_\_\_\_ (yyyy)

### Employer Information

7. Enter your employer information:

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**Does your (or your spouse's) company have a matching gift program?**

8. Enter matching gift information:

My/My spouse's company: \_\_\_\_\_

**Please mail all matching gift forms to:**

Logos School

9137 Old Bonhomme

St. Louis, MO 63132

### Gift Information

9. You may choose up to two areas of support:

1<sup>st</sup> Designation: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Fund: \_\_\_\_\_

2<sup>nd</sup> Designation: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Fund: \_\_\_\_\_

10. In Memory or In Honor of:

In Memory of: Name \_\_\_\_\_

In Honor of: Name \_\_\_\_\_

**Please send acknowledgement of this gift to  
(the amount of the gift will not be included):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

**For gifts greater than \$10,000 please contact Maureen Moore, Sr. VP of Advancement  
at Logos School at [mmoore@logoschool.org](mailto:mmoore@logoschool.org) or phone 314.977.7002 x109**

---

**Payment Method**

---

11. Choose your payment method:

**CREDIT CARD:**

Type of Card:     MC             VISA  
                           AMEX

Card Number: \_\_\_\_\_

Verification Number\*: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

**SEND ME PLEDGE REMINDERS:**

Pledge Duration:     1 YEAR     2 YEARS     3 YEARS

Reminder Start Date: \_\_\_\_\_

Reminder Frequency:     One-Time     Semi-annually

Monthly     Annually

Quarterly

\*For your protection, we require use of credit card identification numbers for all transactions. These 3 or 4-digit codes can be found on the back (usually in the signature blocks) of Visa and MasterCard credit cards and on the front of American Express cards. They are known by various names, including CID, CVV2, and CVC2.



**GIVE BY MAIL:**

**I will mail my check or credit card information.**

Print and complete this form and mail to:

Logos School  
9137 Old Bonhomme  
St. Louis, MO 63132

**GIVE BY FAX:**

Print and complete this form and fax to:

Office of Advancement  
314.997.6848

---

**Comments:**

---

---

---

---

---

---

---

---

---

---

Please call us with questions at 314.997.7002 x109.  
**Thank you for your gift to Logos School!**