

Name: _____

Telephone number: _____

Address: _____

<p style="text-align: center;">MOUNT CARMEL SCHOOL CAPITAL CAMPAIGN DONATION FORM</p>
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CAPITAL CAMPAIGN DONATION

_____ **Option 1** Please draft Capital Campaign Donation in one payment in the amount of _____ on _____.

_____ **Option 2** Please draft Capital Campaign Donation from my bank account for 36 months beginning in _____ 2017 and ending in _____ 2019 in the amount of _____ per month.

PLEASE CIRCLE DAY OF BANK DRAFT

1ST

15TH

25TH

I HEREBY AUTHORIZE MOUNT CARMEL SCHOOL TO DRAFT CAPITAL CAMPAIGN DONATION FROM MY BANK ACCOUNT EACH MONTH ACCORDING TO THE OPTION SELECTED.

SIGNATURE _____ **DATE** _____

(PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE DRAFTED)