It is my/our intention to pledge for THE ATHENAEUM OF OHIO AND MOUNT ST. MARY'S SEMINARY OF THE WEST in the amount of \$_____.

SEMINARY OF THE WEST in	the amount of S	
I/We would like my/our gift	to be designated as follo	ows:
ANNUAL Fund Support: \$	per year X 5	year membership = \$
Please check the Bishop Fenwick S	ociety membership you wish to jo	in/renew through your gift.
Comerstone Circle \$25,000 and above	Founder's Circle \$10,000 - \$24,999	Chancellor's Circle \$5,000 - \$9,999
President's Circle \$2,500 - \$4,999	Fenwick Society \$1,000 - \$2,499	Other
ENDOWMENT/CAPITAL Fund	Support: \$	Notes:
It is my/our wish this pledge be ma	ade <i>in memory/honor of</i> :	
Additional gift notes:		
Payment Schedule: (5 years)	Send reminders:	AnnuallySemi-AnnuallyOther
ANNUAL FUND + ENDOWMENT I	FUND + CAPITAL FUND	= TOTAL GIFT PAYMENT DATE(s)
* +*	+ 8	= 1
* + \$	+ \$	
* + \$	+ \$	
s + s	+ \$	See the second s
\$ +\$	+ \$ 2550	= 1
Additional payment notes:	**	
Ohio and Mount St. Mary's Seminary of the West. I/	we permit you to use my/our gift comm we reserve the right to modify this comm	olicies established by the Board of Trustees at The Athenaeum of nitment for marketing and/or reporting purposes. While I/we mitment in the event of unforeseen financial circumstances.
Jan. Mark		
Please Print Name	Signature	Date
Please Print Name	Signature	Date
The terms and conditions as described above are	accepted on behalf of The Athenae	um of Ohioand Mount St. Mary's Seminary of the West by:
Name/Title	Signature	Date