



OUR LADY OF LOURDES HIGH SCHOOL CLASS OF 1969 ENDOWMENT FUND

Name (as you wish to be recognized)

Organization/Firm (if applicable)

Title

Address

City, State

Zip Code

Home Telephone

Mobile Telephone

Email

My check in the amount of \$ _____ is enclosed.

*Please make all checks payable to **Our Lady of Lourdes High School***

Please bill my credit card:

Name on Card: _____

Credit Card #: _____

Exp. Date: _____ CVC# _____

Signature

Date

I/We wish to make a pledge of \$ _____ payable over
_____ years. (maximum 5 years)

Please bill me in the amount of _____:

_____ Annually _____ Quarterly

_____ Semi-annually _____ Monthly

My employer will match my contribution. A matching gift application has been submitted and/or is enclosed.

If you wish to make your gift online, please visit WWW.OLLCHS.ORG and go to
Support Lourdes/Annual Fund/Class of 1969 Endowment Fund.

Please note: If you wish to make your gift via the transfer of securities, please contact
Mrs. Christine Kolosky at 845.463.0400 ext 1005 or koloskyc@ollchs.org.

YES!

I/We wish to support the
**Class of 1969
Endowment
Fund.**

Our Lady of
LOURDES
HIGH SCHOOL

Office of
Institutional
Advancement

131 Boardman Road
Poughkeepsie
New York 12603

845.463.0400
ext 1005

WWW.OLLCHS.ORG