



THE FORTIS CAMPAIGN
A CHANGING WORLD. A LASTING MISSION.

CAMPAIGN COMMITMENT FORM

1. TOTAL PLEDGE AMOUNT

I/we am/are pleased to commit to a gift of \$ over year(s).

2. INITIAL PAYMENT AMOUNT

An initial payment of \$ is enclosed.

- ☐ will be forthcoming on or about
- ☐ will be provided in accordance with the schedule below
- ☐ I/we would like to make my/our gift via stock.
- ☐ Please provide transfer information to me/us by (cell /email) at:

3. BALANCE OF PAYMENTS

The balance of this pledge will be paid in the following increments, on or about the following dates*:

\$	Date:	20
\$	Date:	20
\$	Date:	20
\$	Date:	20
\$	Date:	20

*Rockhurst High School will generate a pledge reminder notice to be sent based on the date provided.

4. GIFT DESIGNATION

- ☐ Please use it where it is needed most
- ☐ Please apply it to one of the selections below

- ☐ **Accessibility & Affordability:** Scholarship investments, transportation solutions
- ☐ **Athletics & Co-Curriculars:** Direct support of our athletic programs + facilities updates separate from the Baseball Stadium
- ☐ **Academic & Professional Student Success:** Curriculum enhancement and progressive metrics + faculty professional development
- ☐ **Shield of Dreams:** Funding for the construction/renovation of the Baseball Stadium
- ☐ **Formation of the Whole Person:** Formation and counseling programs

I/we understand that this/these gift(s) will be recognized on the basis of both the date and level of this commitment form and that any recognition given for this gift will be made in accordance with Rockhurst High School's donor recognition policies and procedures. I/We authorize Rockhurst High School to include this gift commitment in its internal reports, published materials (including electronic), annual reports and/or public releases.

The Board of Trustees of Rockhurst High School may modify any restriction or condition on the distribution of funds for any specified charitable purpose if, in its sole judgment, such restriction becomes unnecessary, incapable of fulfillment, or inconsistent with the charitable needs of the community.

Kindly record / recognize the above gift(s) in the following manner:

Preferred published listing (i.e., Anonymous, Jane & John Smith, The Smith Family, etc.)

Donor Name(s)
– Printed:

Donor
Signature(s):

Date:

Please contact me regarding legacy giving options:

- ☐ I/we am/are interested in learning more about non-cash or estate giving; or
- ☐ I/we have already included Rockhurst High School in my/our legacy plans

With questions or to make your gift with a non-cash asset, please contact the Philanthropy & Engagement Office at 816.363.2036 x555 to speak to Dr. Diane Marty or Mr. Mark Blanck '98. Please return your completed form to the school by mail (address below) or via email to Dr. Marty (dmarty@rockhursths.edu) or Mr. Blanck (mblanck@rockhursths.edu). Thank you! AMDG
9301 State Line Road, Kansas City, MO 64114 | (816) 363.2036 | www.rockhursths.edu



ROCKHURST
HIGH SCHOOL™

OPERATIONAL FUNDING COMMITMENT FORM

1. TOTAL PLEDGE AMOUNT

I/we am/are pleased to commit to a gift of \$ over year(s).

2. INITIAL PAYMENT AMOUNT

An initial payment of \$ is enclosed.

- ☐ will be forthcoming on or about
- ☐ will be provided in accordance with the schedule below
- ☐ I/we would like to make my/our gift via stock.
- ☐ Please provide transfer information to me/us by (cell /email) at:

3. BALANCE OF PAYMENTS

The balance of this pledge will be paid in the following increments, on or about the following dates*:

\$	Date:	20
\$	Date:	20
\$	Date:	20
\$	Date:	20
\$	Date:	20

*Rockhurst High School will generate a pledge reminder notice to be sent based on the date provided.

- ☐ I/we also give Rockhurst High School permission to contact me/us as donor(s) in the event of a new fundraising initiative launched during the period of this pledge payment which the school has reason to believe would appeal to my donor interest(s).

4. GIFT DESIGNATION

- ☐ Please use it where it is needed most
- ☐ Please apply it to