

# Better TOGETHER



2018 Annual Fund 2019

**STEP 1**  
Personal  
Information

Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to RCCSS (please circle)

Parent      Grandparent      Staff      Friend      Alumni      Alumni Parent

If Alumni what year did you graduate? \_\_\_\_\_

If Parent of an Alumni, what year did your child graduate? \_\_\_\_\_

**STEP 2**  
Annual Fund  
Commitment

Yes, I would like to support the Rapid City Catholic Schools  
2018-2019 Annual Fund!

I/We Pledge

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$5,000	\$2,500	\$1,000	\$500	\$100	Other	



Please accept my gift in the following form:

\_\_\_\_\_ Mutual Fund/Stock

\_\_\_\_\_ Check payable to RCCSS

\_\_\_\_\_ My company/employer is a matching gift company/employer.

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

With your Annual Fund gift, you will be recognized in the 2018-2019 Annual Report.

Please print name as it should appear in the Annual Report:

\_\_\_\_\_

Dr. & Mrs. \_\_\_ Mr. & Dr. \_\_\_ Mr. & Mrs. \_\_\_ Mr. \_\_\_ Ms. \_\_\_

Please check here to remain anonymous. \_\_\_\_\_

This form can be mailed to Rapid City Catholic Schools Attention: Development, 424 Fairmont Blvd., Rapid City, SD 57701

Thank you on behalf of the 854 students who will continue to benefit from your generosity. All contributions are tax deductible. If you have any questions regarding donations or payments, contact Mr. Robert Satter, Director of Development, at 605.348.1477 ext. 1120 or [rsatter@rccss.org](mailto:rsatter@rccss.org).