

S.A.I.N.T.S. Trust Pledge & Donation Card

Donations of any amount are greatly appreciated. I wish to donate
\$_____ to the S.A.I.N.T.S. Trust. Cumulative giving is recognized at the
following levels:

- | | |
|---|---|
| ☐ S.A.I.N.T.S. Club: \$1,000 | ☐ Gold: \$50,000 |
| ☐ Bronze: \$10,000 | ☐ Lifetime Platinum: \$100,000 |
| ☐ Silver: \$25,000 | |

- ☐ I would like to make payments by check:
☐ Annually ☐ Monthly ☐ Via Website: www.saintstrust.org
- ☐ I would like to make payments monthly using ACH Debits (Electronic). I authorize
the S.A.I.N.T.S. Trust to deduct from my ☐ checking ☐ savings account until further
notice as follows:
\$_____ monthly/annually (circle one) from account#
_____ at _____ (your bank) for
_____ months / years (circle one).
- ☐ Enclosed is a voided check or deposit slip for identification of my bank and account
number. I will begin payments on _____, ____ (mo, yr).
- ☐ I would like to make payment by credit card:
Name: _____
CC No. _____ exp. ____/____ (mo/yr) ____ (CVV)
- ☐ I would like to discuss a planned gift through my estate. Please contact me.
- ☐ I give permission to list our names on the website.

Signature(s):

☐ In Honor Of ☐ In Memory Of

Donor Name(s) (please print):

Address

City _____ ST _____ Zip _____

Phone_(_____) _____ Home/Cell _____

All gifts are tax-deductible as provided by law. Please make checks
payable to the ***S.A.I.N.T.S. Trust***, and direct forms and payments to
S.A.I.N.T.S. Trust, c/o Erma Skalsky, 2046 Shawnee Trail, Dalhart,
TX 79022, call 806-244-2269, or email dalhartsaints@gmail.com.