



**YES... I support the Saint Mary's Scholarship & Benefit Fund's
P.O.S.S.E. Financial Assistance Program!**

I pledge to support a financially deserving student for a period of: ___ 1 ___ 2 ___ 3 ___ 4 years

_____ Camelot Sponsorship	\$10,000
_____ Knight Sponsorship	\$ 7,500
_____ Gold Sponsorship	\$ 5,000
_____ Green Sponsorship	\$ 2,000
_____ White Sponsorship	\$ 1,000

_____ Please find my full payment of \$ _____ enclosed.

_____ Please find my first half payment of \$ _____ enclosed.

I understand I will be reminded in January, annually of the balance due.

Name: Mr./Mrs./Ms. _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone Number: (_____) _____

Email Address: _____

- Check enclosed made payable to Saint Mary's Scholarship and Benefit Fund
Check# _____ Amount: \$ _____
- Charge My: American Express Visa MasterCard Discover
- Instead of sponsorship, please accept my gift of \$ _____

Card Number _____ Expiration Date _____ CCV# _____

Signature of Authorized Representative _____ Date _____

Please return to:
Saint Mary's Scholarship and Benefit Fund
Attn: Karen Mankoski
2525 North 3rd Street
Phoenix, AZ 85004
Fax: (602) 251-2595
Email: kmankoski@smknights.org