



Level Name	Counseling for 1 Year	Monthly Amount	Annual Amount
<i>Lumen</i>	5 girls	\$340	\$4,080
<i>Glow</i>	4 girls	\$272	\$3,264
<i>Luster</i>	3 girls	\$204	\$2,448
<i>Radiate</i>	2 girls	\$136	\$1,632
<i>Sunny</i>	1 girl	\$68	\$816

Payment Options

YES! I'd like to become a member of the Starlight Club at the _____ level and give \$_____ (Annually,Monthly).

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

- My check for \$_____ is enclosed payable to Marian Middle School.
- Please charge \$_____ to the following credit card.
 - Charge my: Visa MasterCard American Express Discover
 - Card Number _____
 - Expiration Date _____
- I have transferred a gift of stock of \$_____ to Marian Middle School.
(Broker: Detalus, Jeff Holley, 314-997-1351, DTC 0443, Marian Middle School, AIH001182)
- I have completed a matching gift form and submitted it to _____, my employer.

Signature _____

To donate online, visit www.marianmiddleschool.org/starlight.
Please contact Terri Williams at (314) 484-7308 or twilliams@mms-stl.org with questions about the Starlight Club or Marian Middle School.

As a member of the Starlight Club, you'll continue to shine a bright light on our Marian Girls every day through mental health services. Thank you!