



*A campaign for the future of
Christ Episcopal School*

Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Gift/Pledge Information

I/We pledge a total of \$_____ to be applied in its entirety to Christ Episcopal School. My/Our gift balance will be paid in the following manner:

- A single gift
- Monthly Quarterly (Oct, Jan, Apr, Jul) Annually To be paid over ___ year(s) (3-year max)

Installment Payments begin October 1, 2018.

Donor Recognition

Donors will be recognized in campaign materials unless an anonymous gift is requested.

- Please keep this gift/pledge anonymous. My company will match this gift/pledge.
- Please keep the amount of this donation private.

Please use the following name(s) in all acknowledgements: _____

Payment Information

Check Payment

Enclosed is my check for a tax-deductible gift of \$_____ made payable to Christ Episcopal School.

ACH Withdrawal

Bank Name: _____

Routing Number: _____

Account Number: _____

Credit Card Payment

Please charge my tax-deductible gift to my credit card: Master Card Visa

In the amount of \$ _____. Please charge my card for \$ _____ / month for _____ months.

Cardholder's Name: _____

Card Number: _____

Expiration: _____ / _____ Security Code: _____

Cardholder's Signature: _____ Date: _____