

# Pledge Form



*Our mission is to minister to the whole child: body, mind and spirit, and to support and assist parents in fulfilling their God-given responsibility to bring up their children "in training and instruction of the Lord"*

## Donor Information (please print or type)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Home Phone

(\_\_\_\_\_) \_\_\_\_\_  
Business Phone

(\_\_\_\_\_) \_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail

## Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:     Now     Monthly     Quarterly     Yearly

I (we) plan to make this contribution in the form of:     Cash     Check     Credit Card     Other

For monthly payments, please choose preferred payment day:     5<sup>th</sup>     20<sup>th</sup>

**Note:** For automatic EBT monthly withdrawals, please attach a voided check

### Credit Card Information (if applicable)

Credit Card Type:     Visa     Mastercard     Discover     American Express     Other: \_\_\_\_\_

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

\_\_\_\_\_  
Authorized Signature

Please note, Gift will be continually drawn indefinitely. If you wish to have a termination date of contributions, please list the date you wish to stop contributions. \_\_\_\_\_

You can stop your contributions at any time, however being a non-profit, please allow thirty days' notice.

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: (approved websites will be linked on any online lists)

\_\_\_\_\_  
 I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date

Please make checks, corporate matches, or other gifts payable to:  
**Cornerstone Christian School**  
**P.O. Box 848**