



Please return this pledge card in the envelope included

Campus A	ffiliation ES	□ IN	□ RC	□ SW
Name				
□ Alumni	☐ Parent ☐ Alumni Parent		rent	
□ Friend	□ Grandparen	t 🗆	☐ Faculty/St	aff
Address				
City/State/Z	/ip			
Phone				
Email				
My Gift \$	□ \$10,000 □ : \$500 □ :	\$250	□ \$100	□ \$1,000
My pledge wi	ill be paid: 🗆 Annu	ually 🗆	Quarterly	□ Monthly
□ Other	🗆 Emai	l my remir	nder to me	
PAYMENT				
☐ Check inclu	uded 🗆 Contac	ct me abo	ut a bank dr	aft
□ Visa □] MasterCard	⊒ America	n Express	
Card Number Exp. Date				ate
Name on Car	d			
Signature				
Checks made	payable to: Christia	an Acader	my School S	ystem
□ In Memory	of 🗆 In Honor (of		
	ver matches gifts (Pl s for Christian Acad		-	ching gift for

Please remember Christian Academy School System in your Will or Estate Planning. Call Jenny 502-753-4524 or Becki 502-400-5411 to discuss.

THANK YOU!



ENGLISH STATION



INDIANA



SOUTHWEST



ROCK CREEK