



2023 - 2024
ANNUAL FUND
PLEDGE CARD

Please return this pledge card in the envelope included

Campus Affiliation ☐ ES ☐ IN ☐ SW

Name _____

☐ Alumni ☐ Parent ☐ Alumni Parent

☐ Friend ☐ Grandparent ☐ Faculty/Staff

Address _____

City/State/Zip _____

Phone _____

Email _____

My Gift \$ ☐ \$10,000 ☐ \$5,000 ☐ \$2,500 ☐ \$1,000

☐ \$500 ☐ \$250 ☐ \$100

☐ Other _____

My pledge will be paid: ☐ Annually ☐ Quarterly ☐ Monthly

☐ Other _____ ☐ Email my reminder to me

PAYMENT

☐ Check included ☐ Contact me about a bank draft

☐ Visa ☐ MasterCard ☐ American Express

Card Number _____ Exp. Date _____

Name on Card _____

Signature _____

Checks made payable to: Christian Academy School System

In memory of ☐ In honor of ☐

☐ My employer matches gifts (Please include your matching gift form)

☐ I have included Christian Academy in my Will

*Please remember Christian Academy School System in
your Will or Estate Planning. Call the Development Office
at 502.753.4585 to discuss.*

THANK YOU



ENGLISH STATION



INDIANA



SOUTHWEST