



2025-2026  
**ANNUAL FUND**  
**PLEDGE CARD**

Please return this pledge card in the envelope included

**Campus Affiliation** ☐ ES ☐ IN

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 ☐ Discover

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**