



2024-2025
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

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