ARE YOU
ALL IN?
COLOSSIANS 3:23

2026-2027
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) 753.4601 ext. 1101 to discuss.

THANK YOU