

Donation Form



Our mission is to advance the Kingdom of Christ by working with families to bring children to maturity in areas of discernment, wisdom, and intelligence.

Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) are donating a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) are making this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements: _____

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:
Foothills Christian Middle School

[Organization Name]
[Street Address]
[City, State ZIP Code]