

Campaign Pledge

Donor Information (Required)

Name _____
 Address _____
 City _____ State _____ Zip-Code _____
 Phone _____ Email _____

Gift/Pledge Summary

Total Pledge Amount: \$ _____
 Pledge Start Date (required): _____

To be paid as follows:

Year One \$ _____
 Year Two \$ _____
 Year Three \$ _____
 Year Four \$ _____
 Year Five \$ _____

Please note your preferred pledge payment schedule:

- Annually
 Semi-Annually
 Quarterly

Initial Installment Paid Here: \$ _____

Balance Due: \$ _____

Please designate my/our contribution to the following fund:

- Area of greatest need within the Forward Motion Campaign fund
 Construction & renovation fund
 Building Fund – support the cost of maintaining the expanded building
 Endowed Fund – for recruitment and retention of exceptional teachers
 Endowed Fund – to support GCS families through financial aid

Payment Information

I (we) plan to make my (our) contribution
in the form of:

- cash credit card
 check stock

Please charge my Credit Card:

- AMEX VISA
 MasterCard Discover

Credit Card Number: _____

Expiration: ____/____ (MM/YY)

Security Code: _____

 Authorized Credit Card Signature

Donor Recognition

(Donors will be recognized in Campaign materials unless
anonymous gift is requested)

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

- In campaign acknowledgments, please
address me/us as:

- I would like to make my gift in
celebration/memory of (circle one):

- My gift will be matched by

 (Company/Foundation/Family)

 Signature 1

 Printed Name

 Date

 Signature 2

 Printed Name

 Date