



Faith Christian Academy Donor Form

www.faithca.org

Name _____

Address _____

City, State, Zip _____

Phone _____

Year of Graduation (if alumnus) _____

Company _____

(Matching Gift- You can double your gift through a matching gift program. Many companies offer this to their employees. Please check with your personnel office for the appropriate form.)

E-mail _____

Method of Giving

Gift- Enclosed is a check for \$_____.
(Please make your check payable to *Faith Christian Academy.*)

Pledge- I/we are pleased to inform you of a \$_____ pledge beginning on ____/____/____.

I/we request reminders of this gift:

- Monthly Quarterly Semi-annually

Recognition

- Anonymous
 Please list as _____

Memorial/Honorarium (\$500 minimum)

In memory of: _____

In honor of: _____

Please notify:

Name _____

Address _____

The mission of Faith Christian Academy is to provide a comprehensive education that will equip students to:

- discover truth through the lens of scripture*
- develop their potential for further educational pursuits*
- become conformed to the image of Christ.*

Please mail your donation and completed form to: Faith Christian Academy E1045 County Rd. J Wausau, WI 54403