



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 _____

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.

Memorial/Honorarium (\$500 minimum)

- In memory of: _____
 In honor of: _____

Please notify:

Name _____

Address _____

FCA Associate

A Faith Christian Academy Associate commits to:

- Pray regularly for Faith Christian Academy students, employees, and leadership
- Share the mission of Faith Christian Academy with others
- Give a minimum of \$500 annually to the school.

- Yes, I want to be an FCA Associate

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