

COULEE CHRISTIAN SCHOOL

SPIRITUAL • INTELLECTUAL • PHYSICAL • SOCIAL • CREATIVE

Friends of Coulee Christian

1

MY

INFORMATION

Mr./Mrs./Ms. First Name M.I. Last Name

Street Address City ST Zip

(Area Code) Phone Email Address

Spouse (if married)

2

MY

PAYMENT OPTIONS

Option 1: Direct Gift payable by Cash or Check
I pledge to give Monthly Quarterly Annually by: Cash/Check in the amount of \$_____

Option 2: Automatic Withdrawal from my Checking or Savings Account (attach a voided check)
I authorize a monthly deduction from my Savings or Checking account each month in the amount of \$_____
 I would like the monthly amount withdrawn ONCE per month on the (*check one box*) 5th 20th of each month
 I would like the monthly amount split in half, withdrawn on the 5th **AND** the 20th of each month.

Option 3: Payroll Deduction (Coulee Christian Staff ONLY)
I authorize a semi-monthly payroll deduction in the amount of \$_____/pp x 2 = \$_____/month.
I would like to begin this donation now, on the 5th and 20th of each month, and would like my donation to continue....
 until the end of the current school year, June 30th
 until the end of the current school year, June 30th, and then continue at the beginning of my next contract

All donations are tax deductible. You will receive a year-end statement for tax purposes.

↓ Attached is a voided check from my Checking OR Savings Account. ↓

3

MY

ACCOUNT INFO

4

THANK YOU!

Signature

Date

THIS FORM MUST BE SIGNED TO AUTHORIZE YOUR PLEDGE * NO COMMERCIAL GOODS OR SERVICES WERE RECEIVED FOR THIS CONTRIBUTION.

Coulee Christian School

(608) 786-3004 www.couleechristian.org
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