



# I desire to support the vision of Park Christian School.

## Tax-deductible Donation or Pledge

- ☐ One time gift of \$\_\_\_\_\_ to Park Christian School.
- ☐ Pledge of \$\_\_\_\_\_ to be paid over \_\_\_\_\_ years.
- ☐ Monthly gift of \$\_\_\_\_\_ beginning \_\_\_\_\_.

### Electronic Funds Transfer (EFT) *optional*

*Complete this section only if using EFT.*

Date of first contribution: \_\_\_\_\_ / \_\_\_\_\_ (Month/Year)

- ☐ Monthly on the 20th

### Checking/Savings

Please debit my (check one):

- ☐ Checking account – attach voided check
- ☐ Saving account – attach voided deposit slip

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

*Valid routing # must start with a 0, 1, 2, or 3*

I authorize the above organization to process debit entries to the above account. I understand this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ☐ My employer, \_\_\_\_\_, will match my gift. *See employer for matching gift form.*

- ☐ I commit to pray regularly for Park Christian School's vision.

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

May we include your name for recognition? \_\_\_\_ Yes \_\_\_\_ No

Gifts may be made by check payable to PCS or with stocks or securities. Electronic giving is available.  
Contact the Development Office at 218-236-0500.