



## Donation Form

Donor Information (please print or type)

First Name | Last Name \_\_\_\_\_

Billing address \_\_\_\_\_

City | ST | Zip Code \_\_\_\_\_

Daytime Phone | Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Pledge Information:

I (we) pledge a total of \$ \_\_\_\_\_ to be paid:  
 now  monthly through 6/30/2021  monthly indefinitely  Other: \_\_\_\_\_

I (we) plan to make this contribution in the form of:  check  credit card  other

SLCA Affiliation:  Parent  Grandparent  Alumni  Faculty/Staff  Board Member  Corporate Partner  Other

If Alumni, Class Year: \_\_\_\_\_

Credit card type   Exp. Date   CVV	
Credit card number	
Zip Code associated w/ card	
Authorized signature	

Gift will be matched by (company/family/foundation) \_\_\_\_\_

form enclosed  form will be forwarded

Recognition Name (how you would like to be recognized in the Annual Report): \_\_\_\_\_

Signature(s)	Date
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Please make checks, corporate matches,  
or other gifts payable to:

SouthLake Christian Academy  
13820 Hagers Ferry Road  
Huntersville, NC 28078