



Trinity Christian School
2016-17 Fundraising Campaign

Donation Form

Donor Information:

Name(s): _____

Billing Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

E-mail: _____

Gift Information:

_____ Please find enclosed my year-end gift of \$_____.

Additionally, I pledge \$_____ to be paid: ___ monthly ___ quarterly

I plan to make this contribution in the form of:

_____ cash _____ check _____ *Visa/MC

*Please complete the Credit Card Authorization Form

Acknowledgement Information:

Please use the following name(s) in all acknowledgements: _____

_____ I wish to have my gift remain anonymous

Signature: _____ Date: _____

Please make checks payable to:

Trinity Christian School
200 Trinity Way
Morgantown, WV 26505